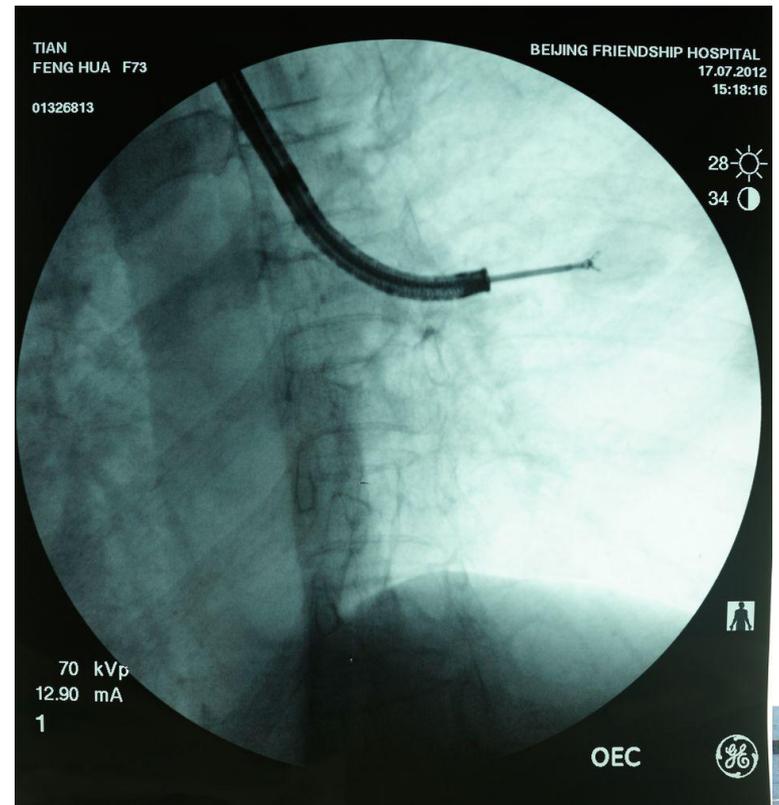


气管镜检查及介入治疗

北京友谊医院呼吸内科姚志刚

- 气管镜检查
- C型臂引导下TBLB
- EBUS及径向超声
- 气管镜下冷冻术
- 气管镜下热消融治疗
- 内科胸腔镜



□ 适应症： 诊断方面

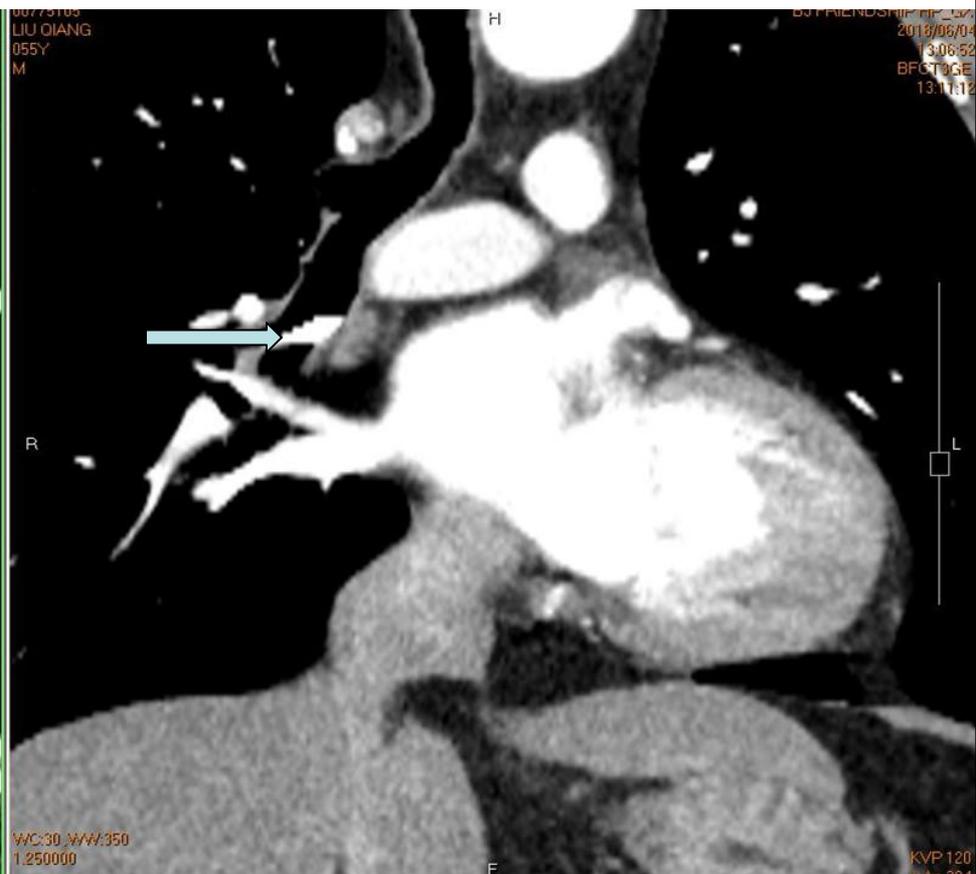
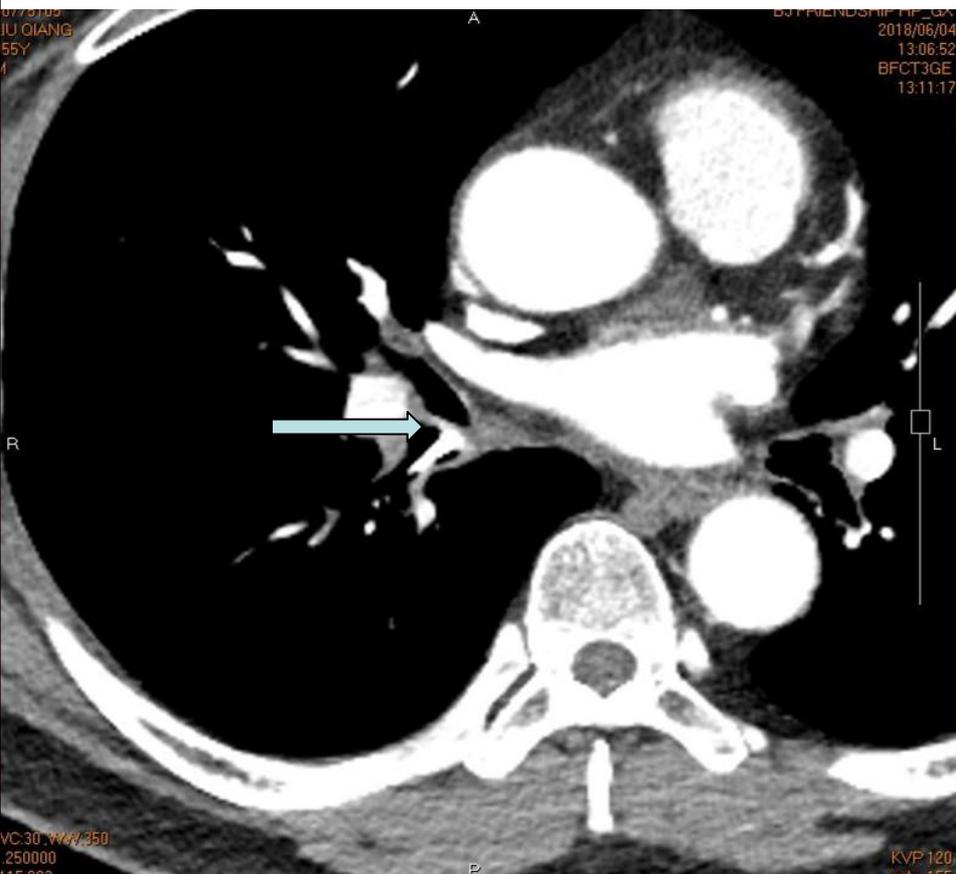
- 不明原因咯血
- 不明原因慢性咳嗽
- 不明原因局限性哮鸣音
- 不明原因声音嘶哑
- 痰中发现癌细胞或可疑癌细胞
- X线胸片或CT检查异常
- 临床确诊，术前检查
- 外伤怀疑气管支气管伤或断裂
- 感染性及非感染疾病病因诊断
- 疑有气管食管瘘

• 治疗方面

- 取出异物
- 清除气道异常分泌物
- 局部止血
- 局部放疗及化疗
- 引导气管插管
- 硬质气管镜
- 对气道内良恶性肿瘤进行激光、微波、冷冻、高频电刀,支架,离子植入等



不明原因咯血



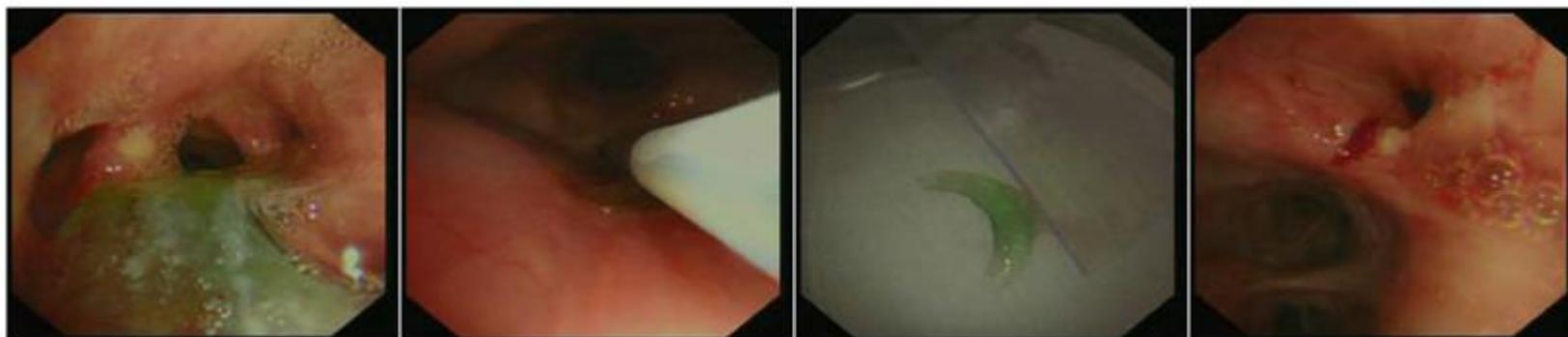


1: 隆突

2: 左主气管肉芽

3: 右上叶

4: 右中间段



5: 右中间段

6: 冷冻异物

7: 异物

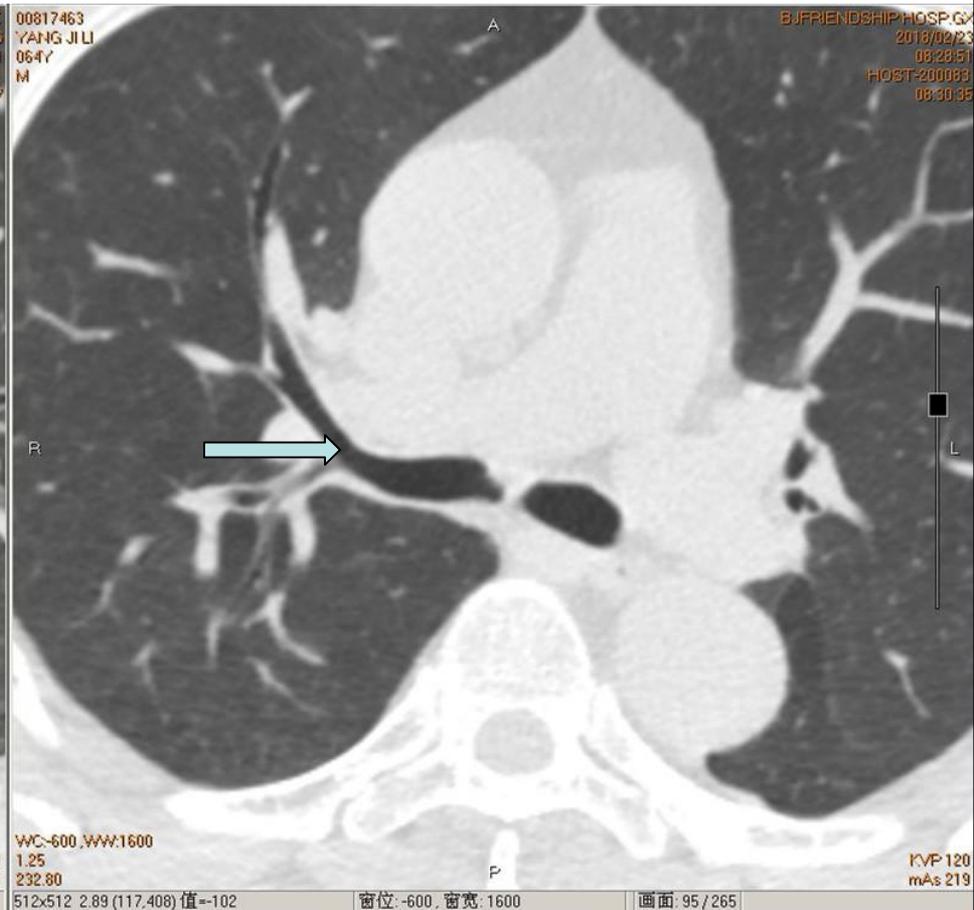
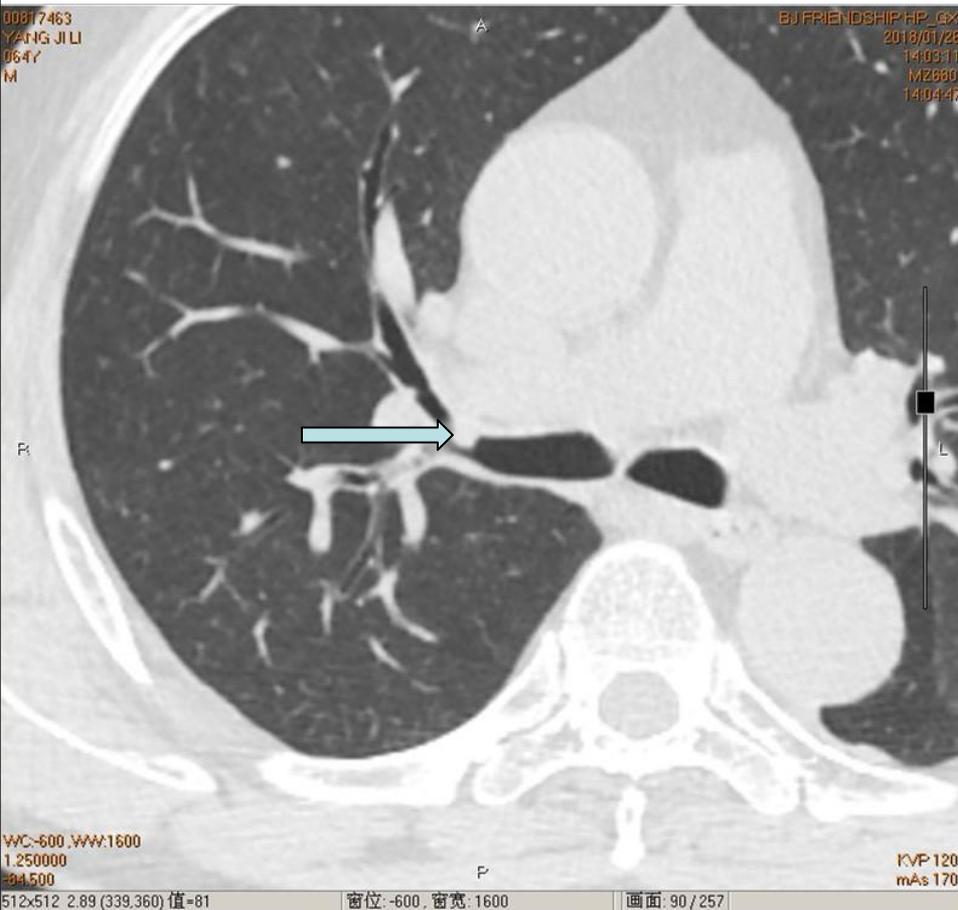
8: 右下叶背段

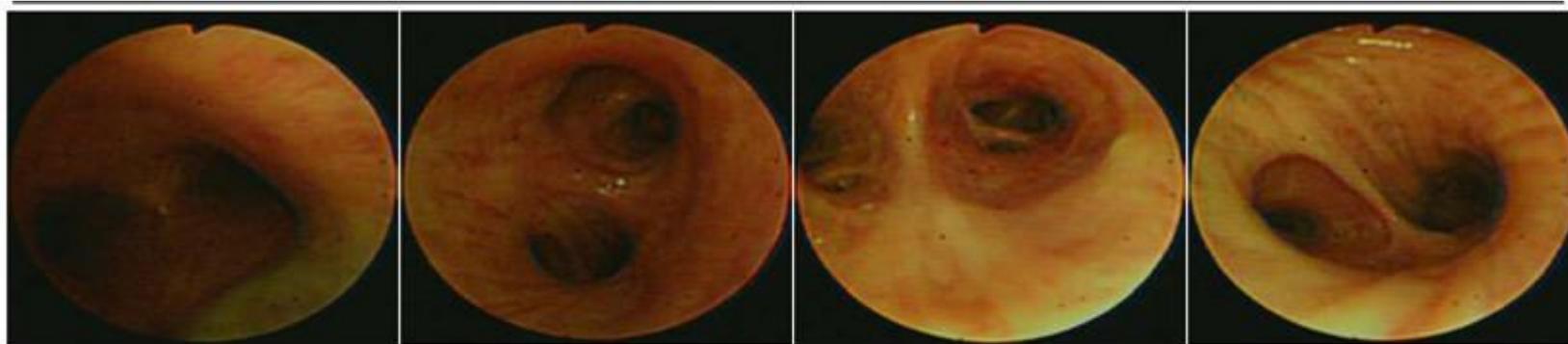
检查所见:

支气管镜经口进入。见声门活动尚好，气管通畅，粘膜完整，未见瘘口，隆突尚锐利。双侧支气管粘膜普遍增厚，左主气管可见肉芽增生，开口未见明显异常。右中间段可见绿色透明C型片状玻璃碎片，卡顿到右下叶背段开口、表面有血迹、周围粘膜肉芽增生。未见新生物，未见



不明原因慢性咳嗽 不明原因局限性哮鸣音



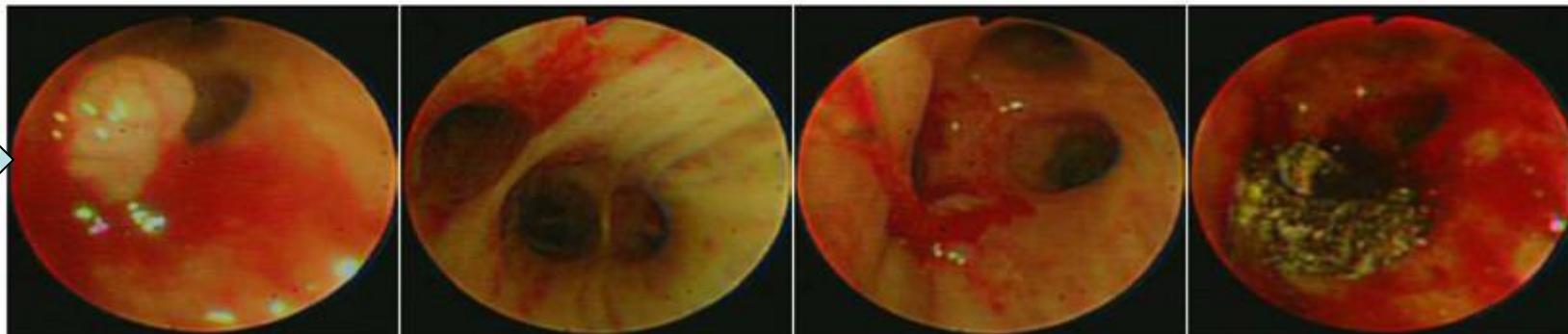


1: 隆突

2: 左主气管

3: 左上叶固有段

4: 左下叶



5: 右上叶

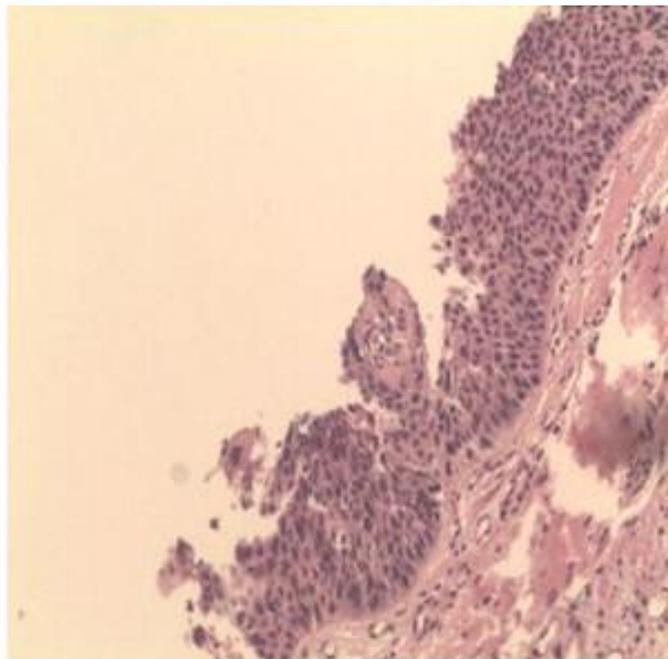
6: 右中间段

7: 右上叶新生物切除后

8: 右上叶氩气刀止血后

检查所见:





0.bmp

诊断意见:

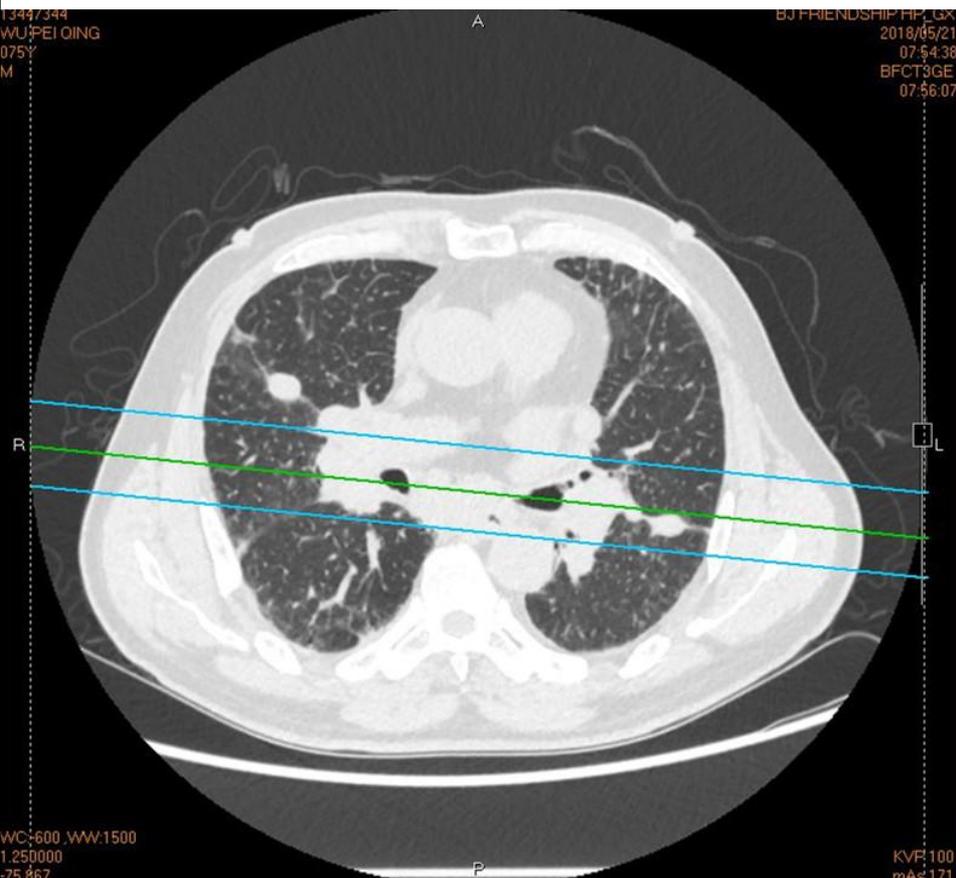
切除一叶肺 (16x10x4cm), 距支气管断端0.6cm-0.8cm支气管壁内见两处缝线, 粘膜略粗糙 (1x1cm), 周围肺组织未见著变。诊断: 一 (右肺上叶) 支气管粘膜粗糙区镜下鳞状上皮高度异型增生、癌变, 伴小灶浸润, 癌瘤侵至粘膜下层。一 支气管断端未见癌 (距离断端0.2cm处粘膜鳞状上皮局灶高度异型增生、原位癌变)。一 周围肺组织未见著变。一 肺门及支气管肺周围淋巴结19枚, 未见癌。一 另送 (第3a组) 淋巴结2枚、(第4组) 淋巴结4枚、(第7组) 淋巴结5枚、(第10组) 淋巴结2枚及 (第11组) 淋巴结4枚均未见癌。

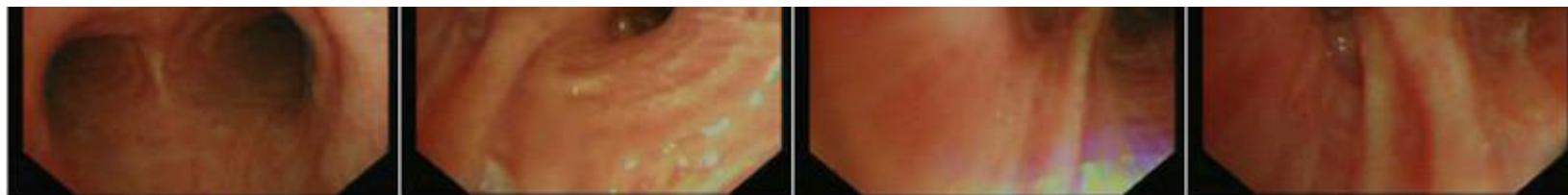
诊断意见:

(支气管活检) 生, 原位癌变



X线胸片或CT检查异常





1:隆突

2:左上叶

3:左下叶基底段

4:右上叶



5:右中叶

6:右下叶基底段

7:7组淋巴结

8:7组淋巴结穿刺

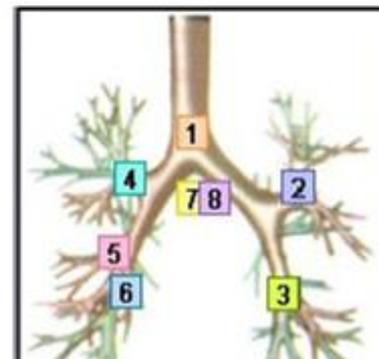
检查所见:

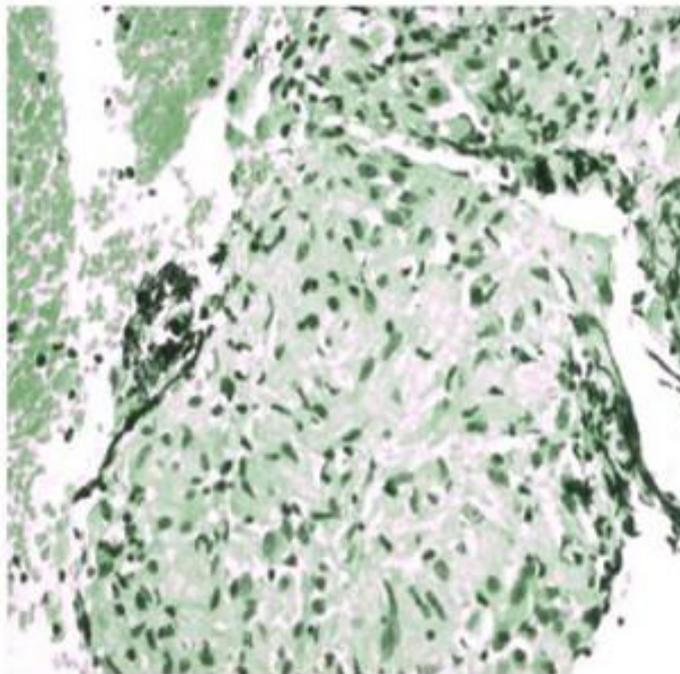
支气管镜经口进入。见声门活动尚好，气管通畅，粘膜完整，未见瘘口，隆突尚锐利。双侧支气管粘膜萎缩，可见纵向皱襞形成，支气管内可见大量粘性分泌物，双侧各叶段开口通畅。未见新生物，未见出血。

右上叶前段灌入生理盐水120ml，回收浑浊液体约60ml，分送细胞学，细胞分类，找结核菌，细菌培养等检查。

右上叶前段远端刷检。

更换超声内镜，左右肺门淋巴结及7组淋巴结增大，7组淋巴结穿刺活检3针，送病理3条，送细胞学。





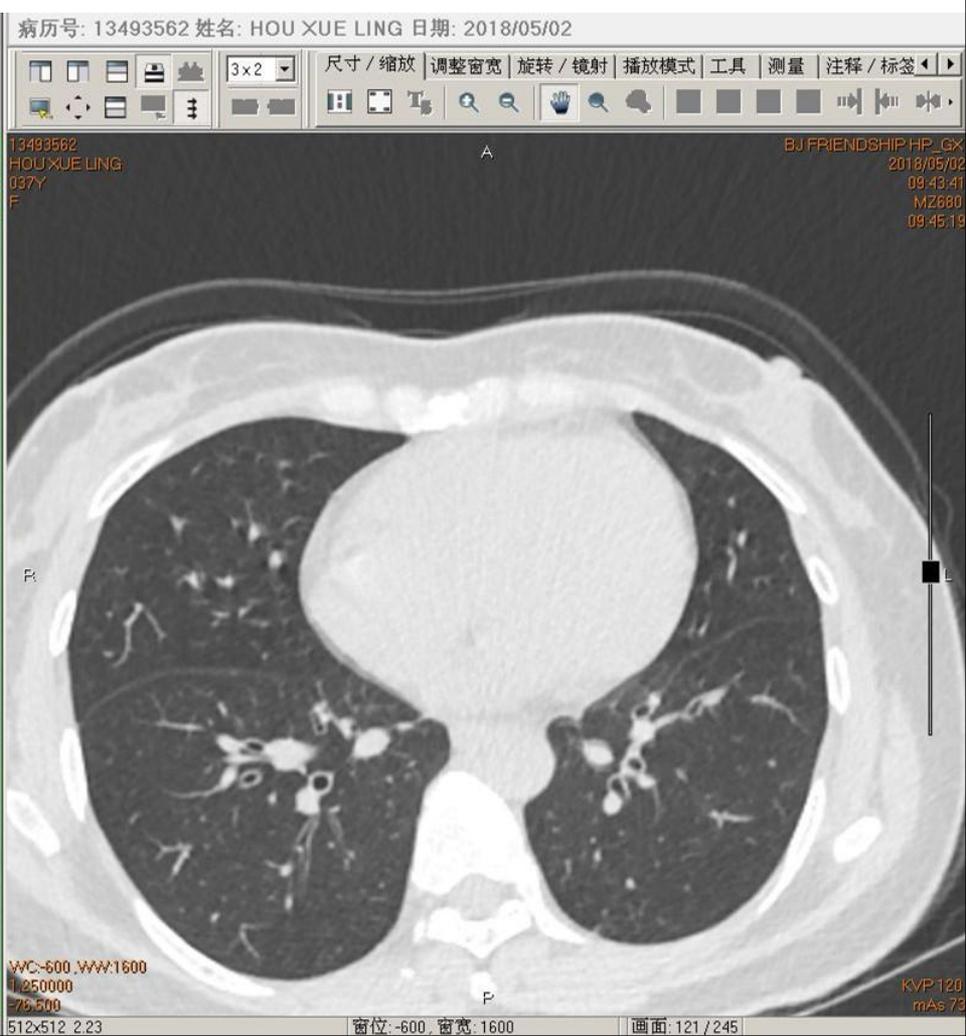
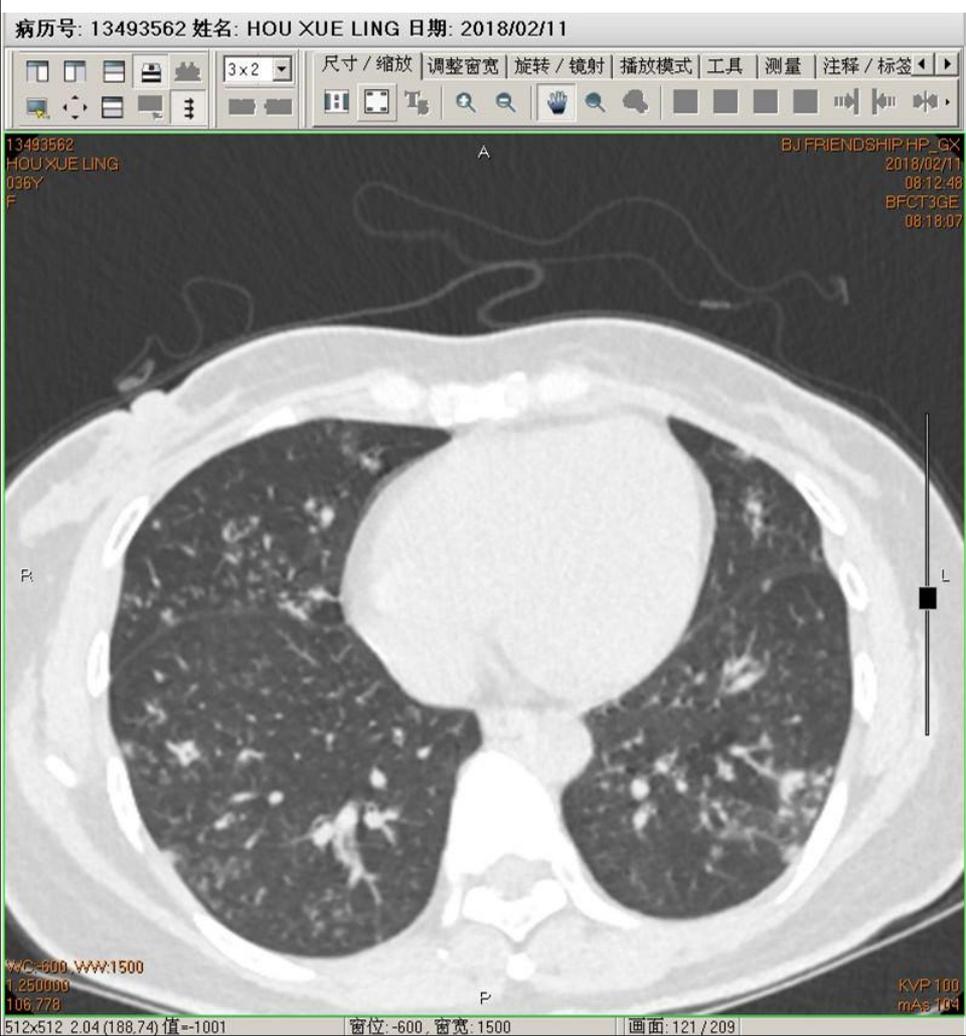
0.bmp

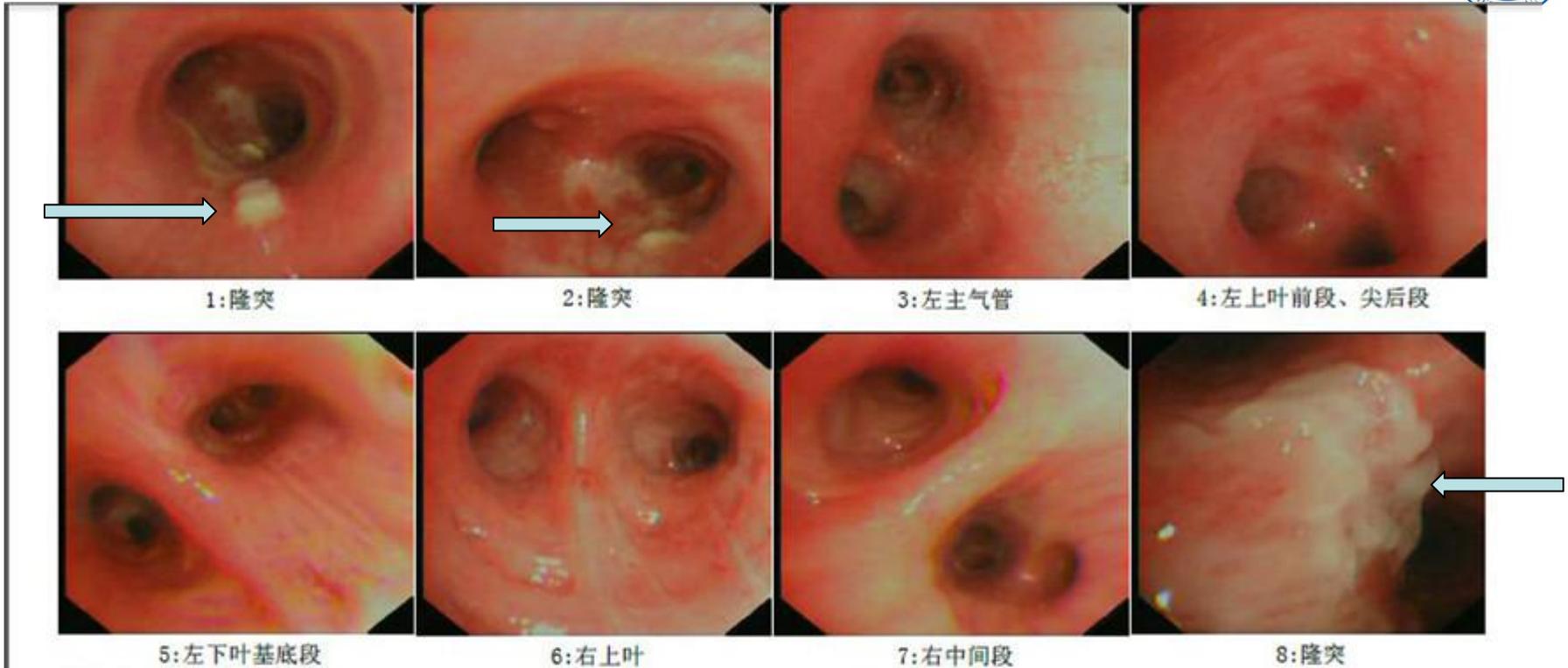
诊断意见:

(7组淋巴结) 凝血及少量纤维淋巴组织 (1堆, 直径1cm), 纤维淋巴组织内见上皮样肉芽肿, 未见坏死, 结合病史, 倾向结节病。



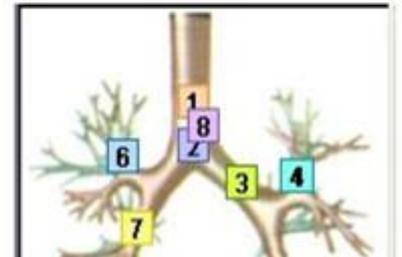
感染性及非感染疾病病因诊断

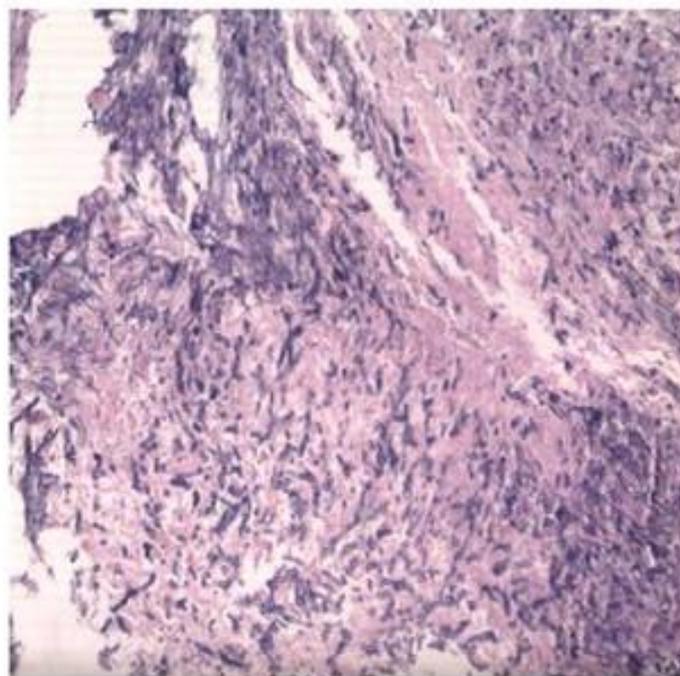




检查所见:

支气管镜经口进入。见声门活动尚好，气管通畅，粘膜完整，未见瘘口，隆突略变钝，主气管膜部粘膜见肉芽肿样增生。双侧支气管粘膜充血增厚，支气管内可见大量粘性分泌物，气管隆突旁及主支气管分叉处可见结节样凸起，左上叶后段支气管开口痰液阻塞，余左侧各叶段支气管开口未见明显异常；右侧各叶段支气管开口通畅，未见明显异常；未见出血。





0.bmp

诊断意见:

(支气管活检)送检组织数小块(共直径0.3cm),镜下为被覆复层鳞状上皮之粘膜组织呈活动性慢性炎,并见少量炎性渗出物,其内可见真菌菌丝。





痰找结核菌												
项目名称	曲线图	2018-06-06 14:49	2018-06-06 14:48	2018-06-06 14:46	2018-06-06 14:45	2018-06-04 14:07	2018-06-04 12:51	2018-06-01 14:17	2018-05-30 12:45	2018-05-29 13:19	2018-05-28 13:44	2018-05-28 13:44
涂片找结核杆菌		找到抗酸杆菌+	未找到抗酸杆菌	未找到抗酸杆菌	未找到抗酸杆菌	未找到抗酸杆菌	找到抗酸杆菌+	未找到抗酸杆菌	未找到抗酸杆菌	未找到抗酸杆菌	未找到抗酸杆菌	未找到抗酸杆菌



出生日期	1978-07-09	检验号	10038497	报告时间	2018-06-09 12:08
年龄	39岁	标本	灌洗液	报告者	贾坤
病案号		医嘱名称	结核分枝杆菌核酸检测	危急说明	

历次结果及曲线图

项目名称	缩写	结果	单位	异常提示	参考范围	药敏结果	危急提示
结核杆菌扩增荧光检测	TB-PCR	阳性			阴性		



病历号: 13336416 姓名: ZHOU MI 日期: 2018/07/13

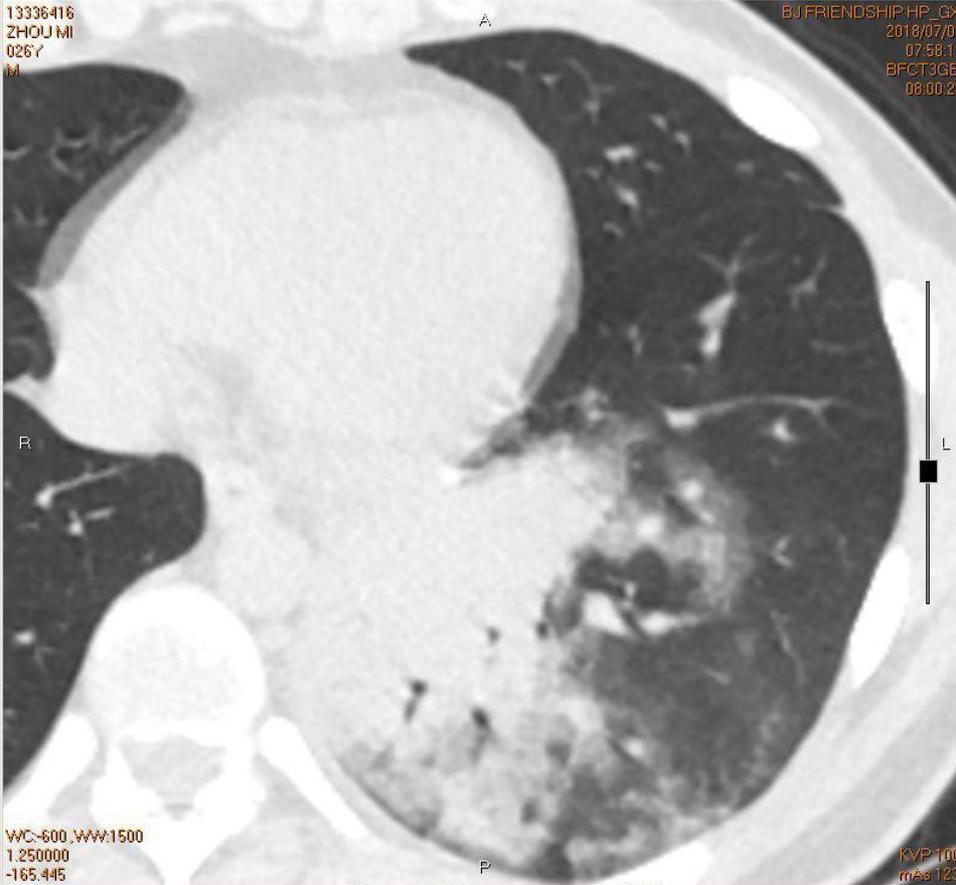
3x2 尺寸/缩放 | 调整窗宽 | 旋转/镜射 | 播放模式 | 工具 | 测量 | 注释/标签



512x512 2.89 (247.166) 值=-364 窗位: -600, 窗宽: 1500 影像: 1/1

病历号: 13336416 姓名: ZHOU MI 日期: 2018/07/03

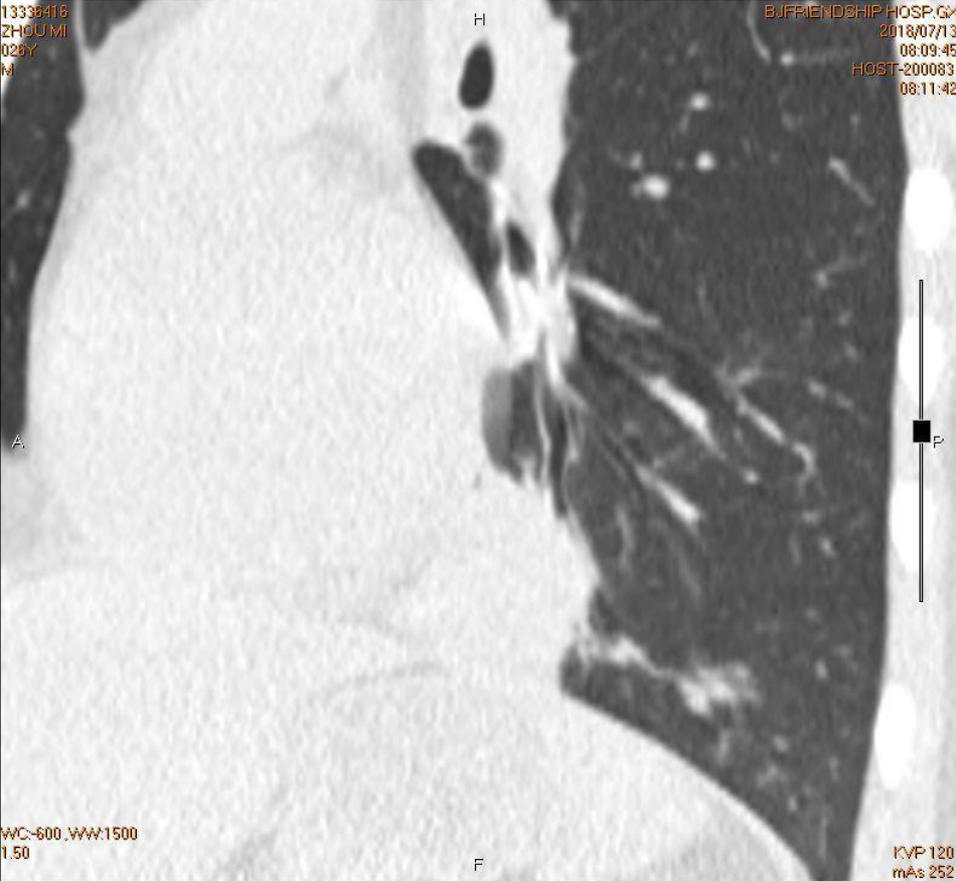
3x2 尺寸/缩放 | 调整窗宽 | 旋转/镜射 | 播放模式 | 工具 | 测量 | 注释/标签



512x512 3.44 窗位: -600, 窗宽: 1500 画面: 167/281

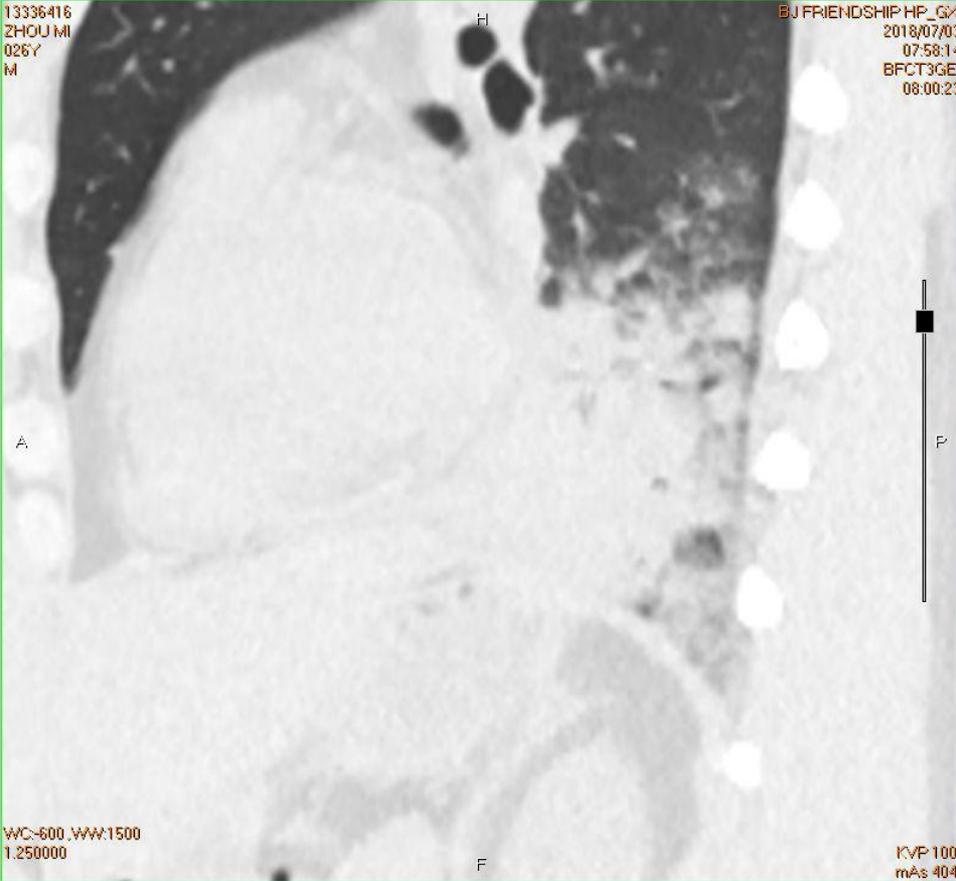


病历号: 13336416 姓名: ZHOU MI 日期: 2018/07/13



997x211 2.83 (318.73) 值=44 窗位: -600, 窗宽: 1500 画面: 15 / 31

病历号: 13336416 姓名: ZHOU MI 日期: 2018/07/03



512x281 3.10 (163.129) 值=-26 窗位: -600, 窗宽: 1500 画面: 4 / 31





1:隆突



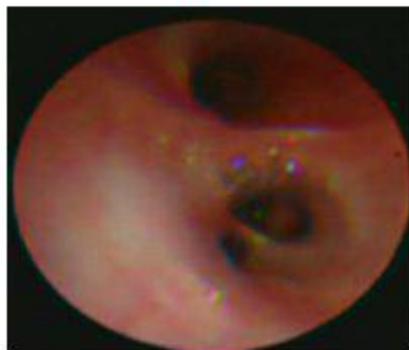
2:右中间段



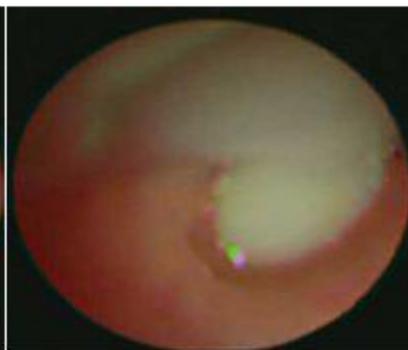
3:左主气管



4:左下叶背段



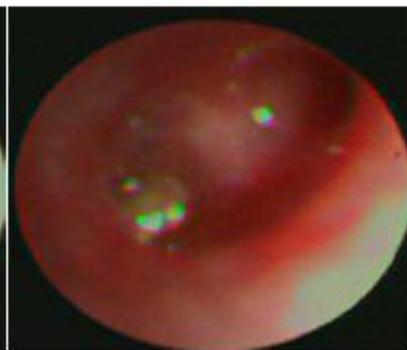
5:左下叶基底段



6:左下叶前基底段



7:左下叶外基底段



8:左下叶后基底段

检查所见:

支气管镜经口进入。见声门活动尚好，气管通畅，粘膜完整，未见瘘口，隆突尚锐利。双侧支气管粘膜轻度充血。左下叶前外后基底段，亚段多处痰栓阻塞，未见新生物，未见出血。

左下叶基底段亚段反复毛刷清理痰栓，开口通畅，分次灌入生理盐



禁忌症

- 活动性大出血
- 不能纠正的出血倾向
- 全身情况极度衰竭
- 严重心肺功能障碍
- 新近发生心肌梗死或有不稳定心绞痛
- 严重心律失常
- 气管部分狭窄估计气管镜不能通过
- 疑有主动脉瘤
- 尿毒症
- 严重肺动脉高压
- 严重的上腔静脉阻塞综合症



检查步骤

- 气管镜消毒
- 术前检查
- 患者准备
- 麻醉
- 体位
- 路径

- 直视观察
- 灌洗
- 刷检
- 活检
- TBLB, TBNA
- 治疗
- 检查后



并发症

- 发生率0.3%，严重并发症0.1%，死亡率0.01%
- 麻醉药过敏
- 心搏骤停
- 喉痉挛，水肿
- 严重气管痉挛
- 术后发热
- 缺氧
- 出血



经支气管肺活检TBLB

□ 适应症：

- 可视范围外肺组织孤立结节病变
- 肺部弥漫病变性质不明

□ 禁忌症：

- 病变不能除外血管畸形
- 怀疑肺包虫病
- 心肺功能差，估计不能耐受气胸
- 机械通气
- 有出血倾向



□ 并发症

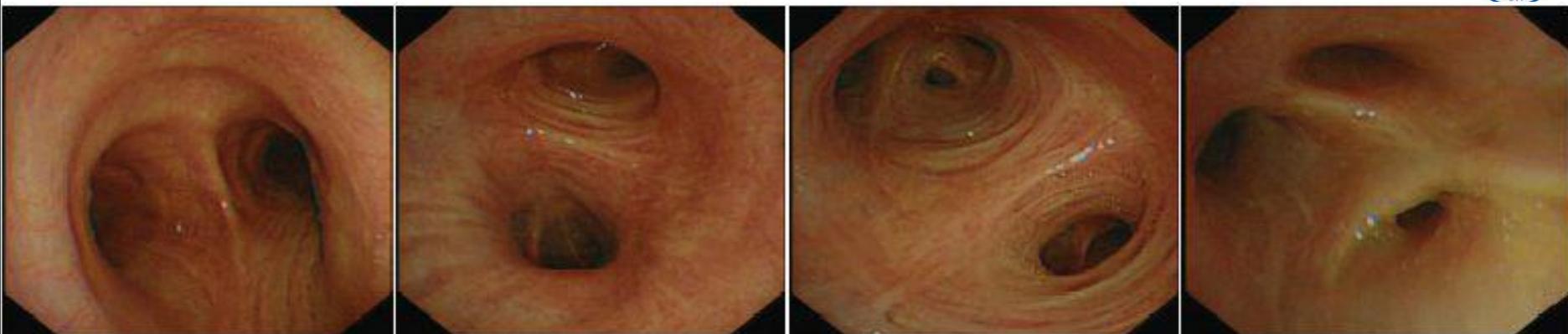
- 气胸
- 出血
- 其他相似

□ 注意事项

- 紧贴胸壁,经皮肺穿(CT,B超)
- 对病理结果全面分析
- 弥漫病变挑选较密集区,但尽量避免纤维化严重区
- 一般不在右中叶或左肺舌段活检





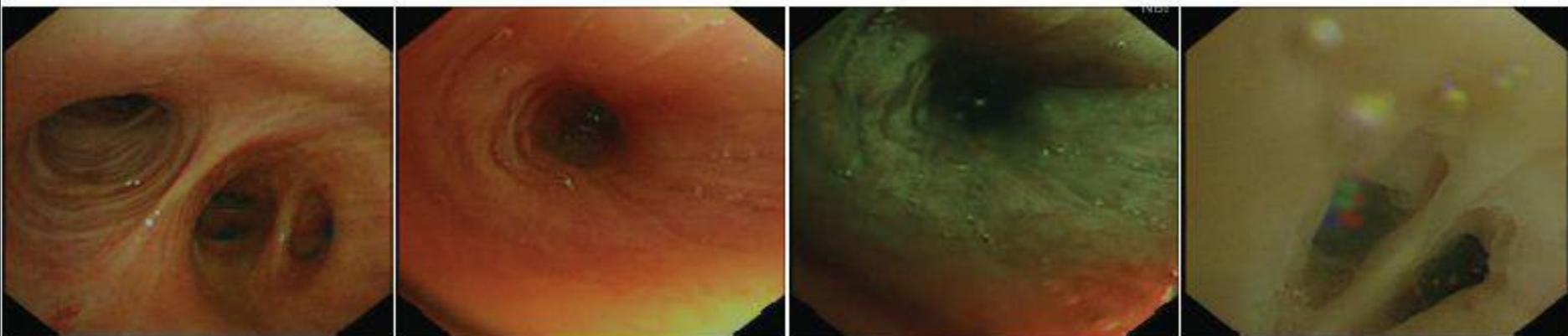


1:隆突

2:左主气管

3:左上叶

4:右上叶



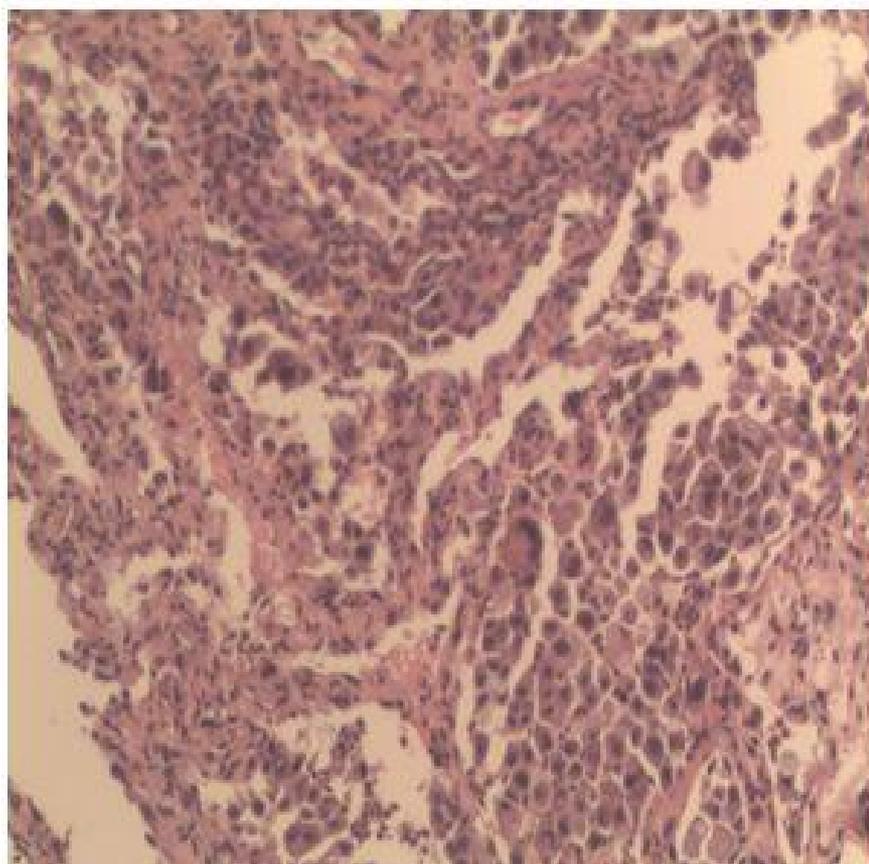
5:右中间段

6:右上叶尖段

7:右上叶尖段荧光

8:右上叶后段





0.bmp

诊断意见:

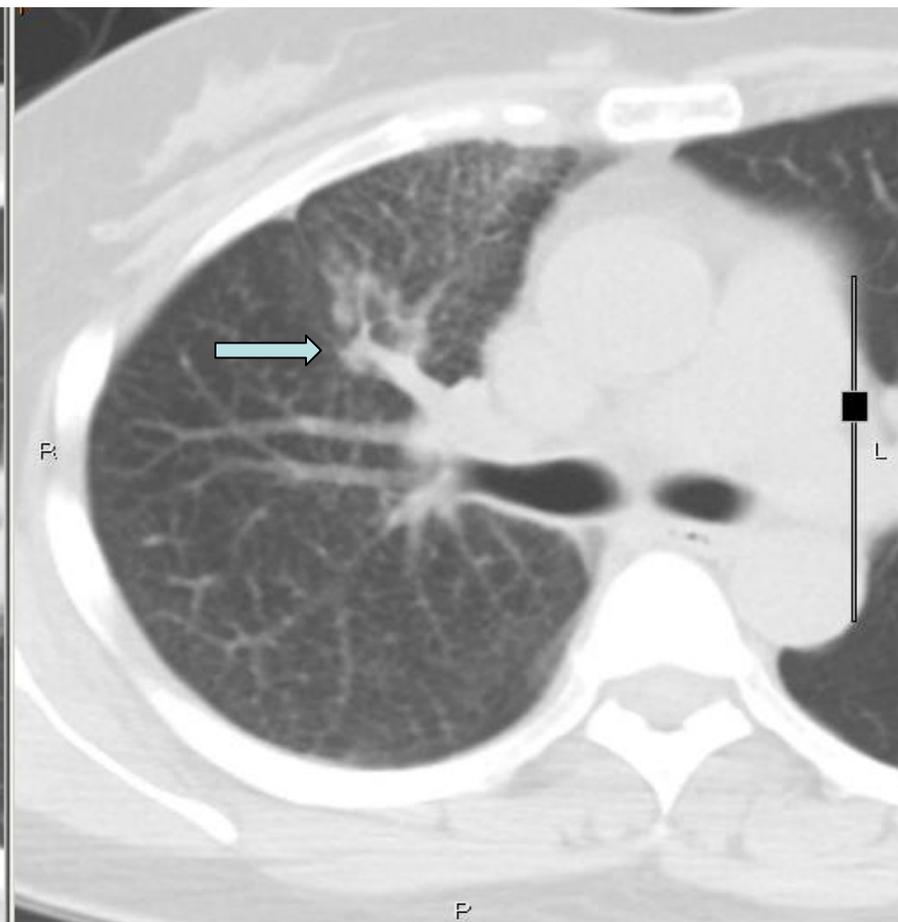
(气管镜) 粟粒大被覆假复层纤毛柱状上皮之粘膜组织4块, 可见较多中性粒细胞浸润, 其中2块肺泡腔内可见核大深染细胞, 性质待免疫组化。



C臂引导下TBLB



腺癌

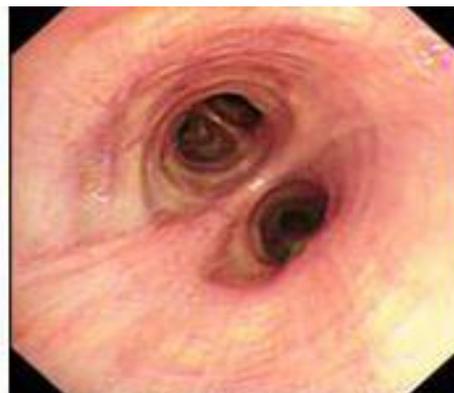




1:隆突



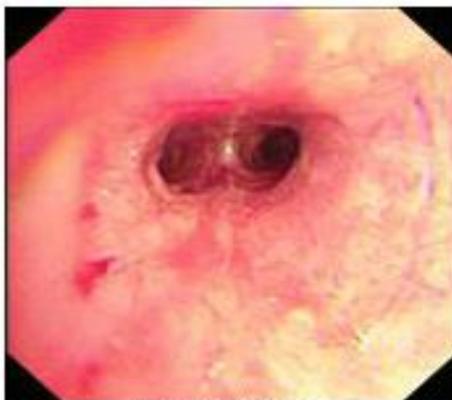
3:左上叶



7:左下叶基底段



8:右上叶



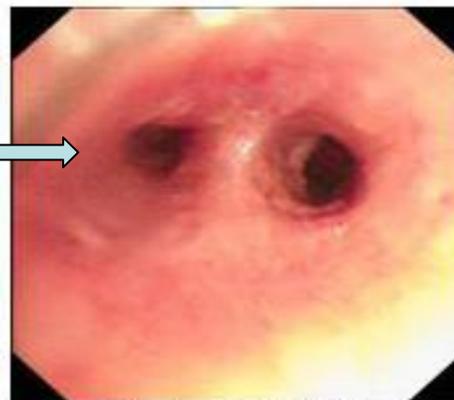
10:右中叶



11:右下叶基底段

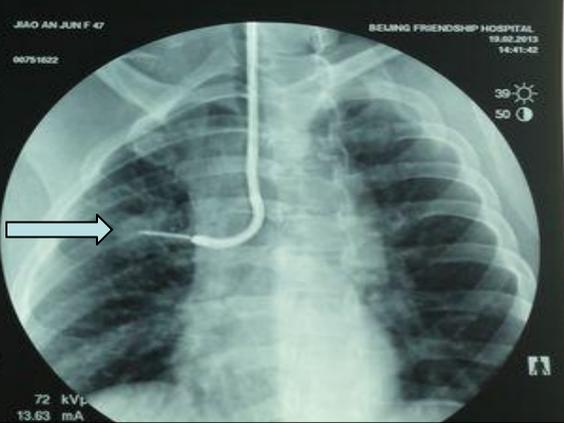
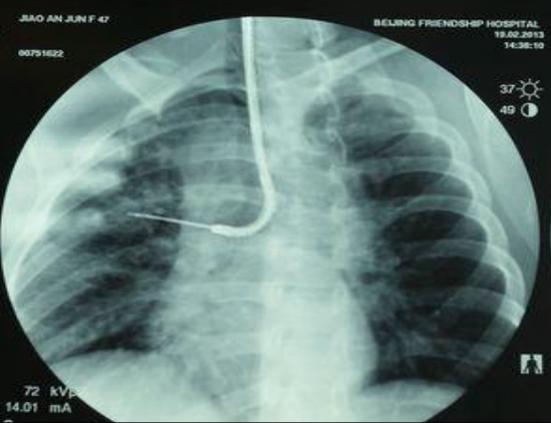
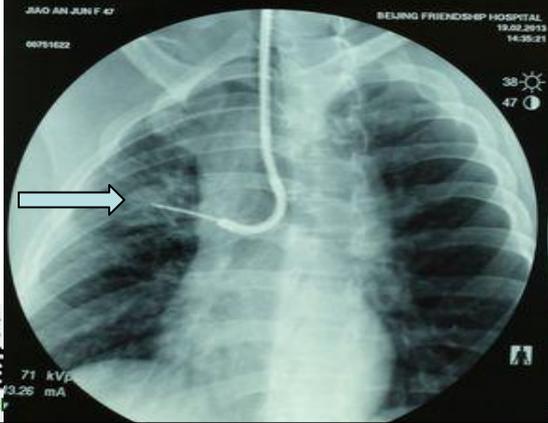
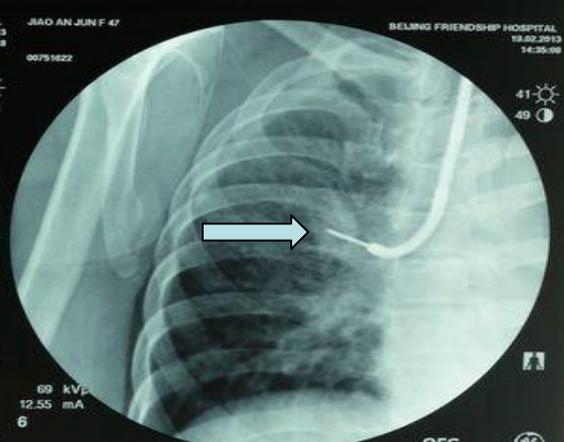
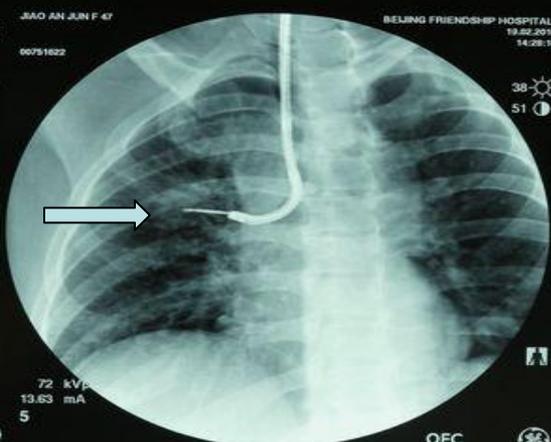
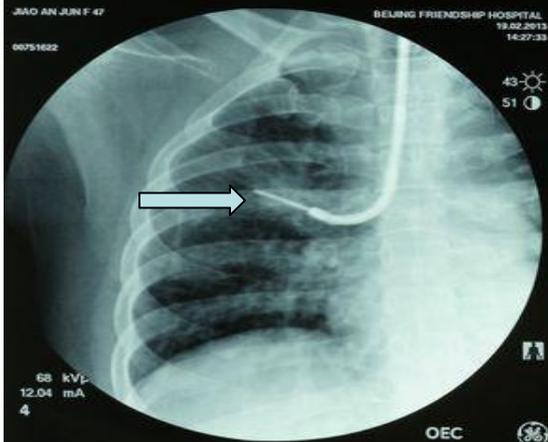
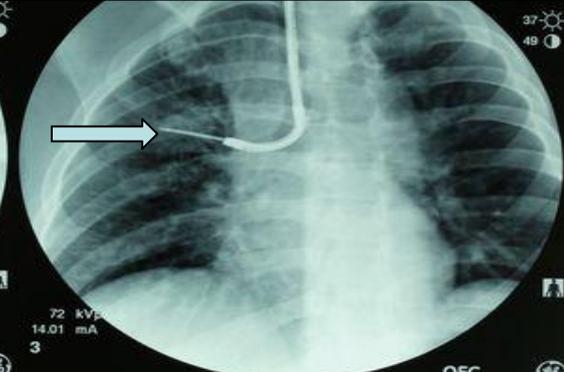
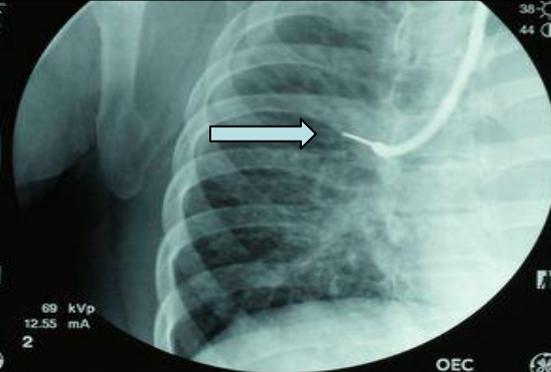
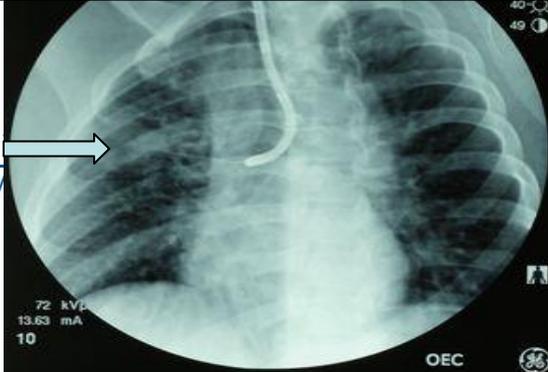


12:右下叶背段



13:右上叶前段





光镜所见



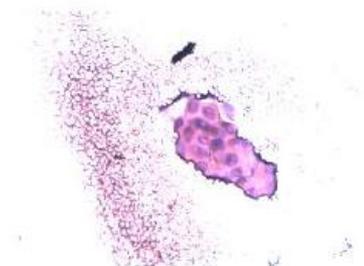
病理诊断

(中间段支气管) 针尖大被覆假复层纤毛柱状上皮之粘膜组织5块，其中2块上皮可见少量异型细胞，待免疫组化明确诊断。

(右肺上叶病灶) 针尖大被覆假复层纤毛柱状上皮之粘膜组织5块，其中2块粘膜固有层见异型细胞巢，待免疫组化明确诊断。

免疫组化：CK7+，TTF-1+，CK5/6-，P63-，Ki67部分+。支持（中间段、右肺上叶病灶）均为腺癌浸润。

光镜所见

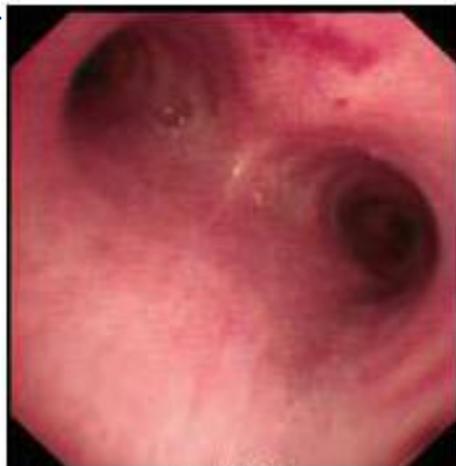


病理诊断

支气管刷片：查见少量退变异型细胞，可疑癌。



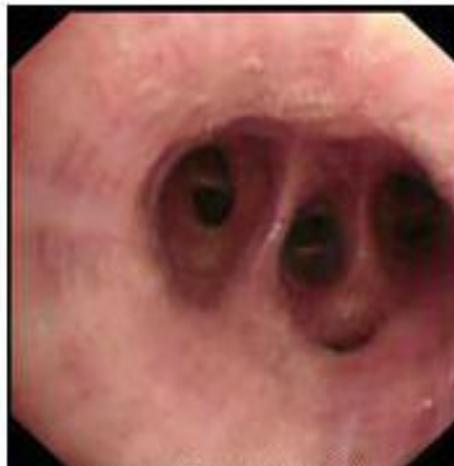




1:隆突



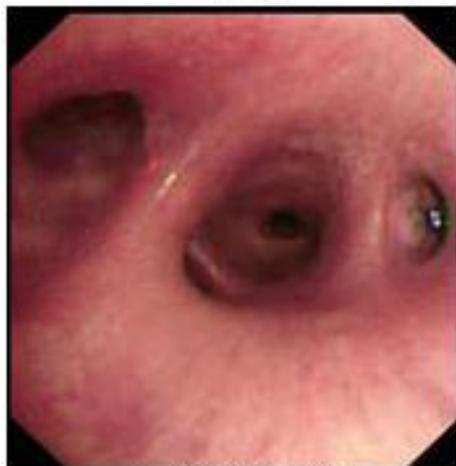
2:左主气管



7:左下叶基底段



8:右上叶



9:右中间段



11:右下叶基底段

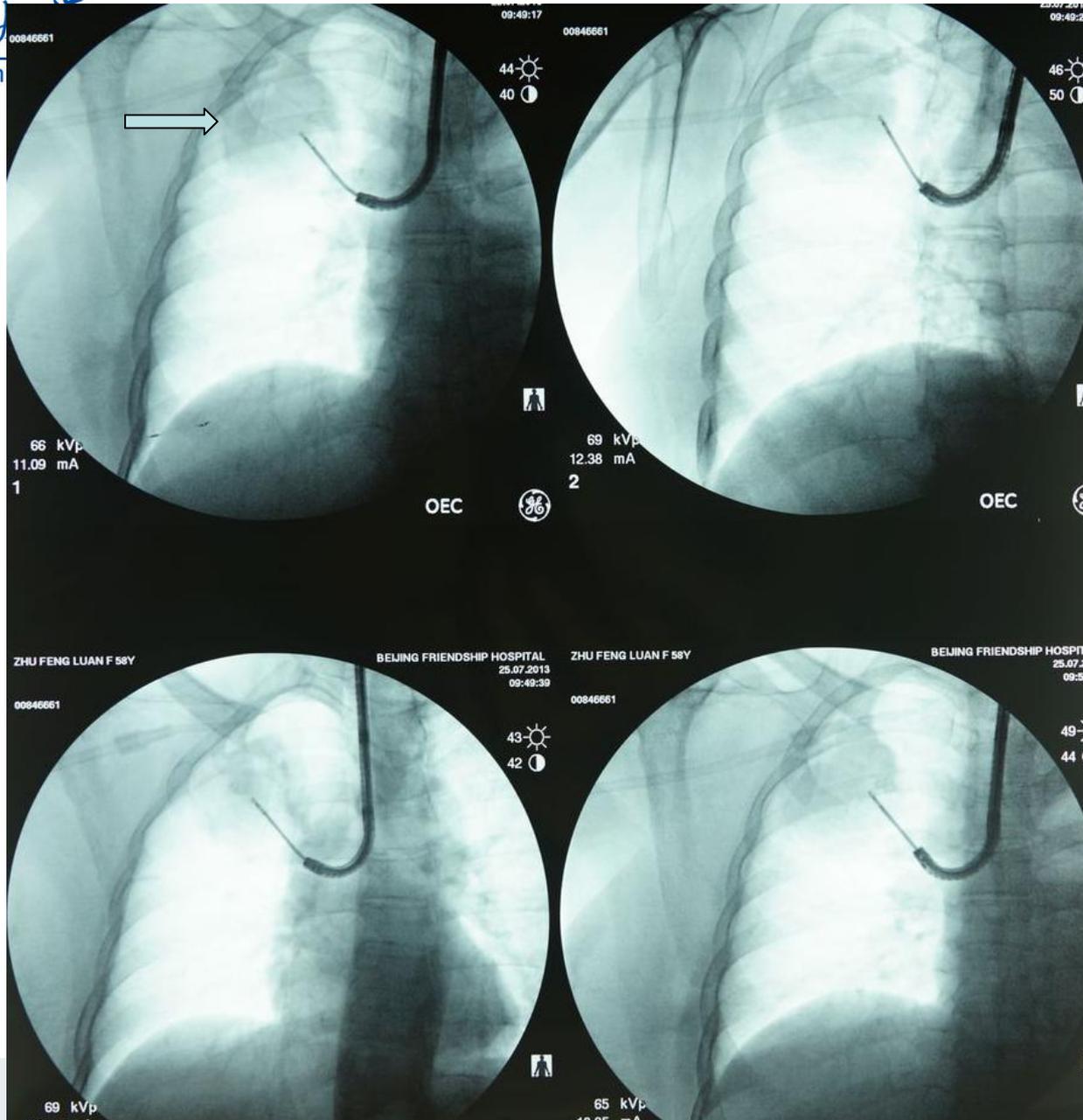


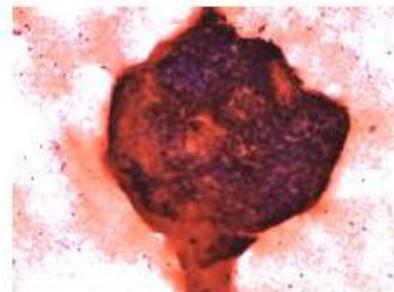
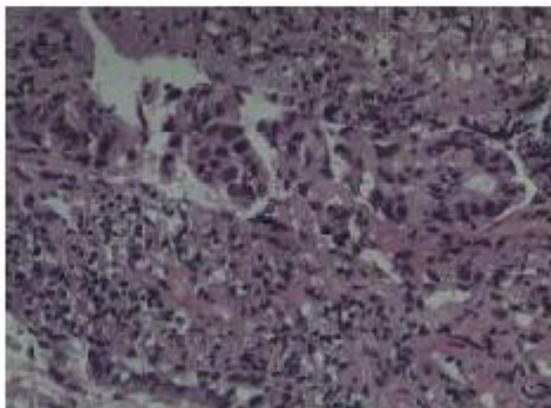
12:右下叶背段



13:右上叶尖段







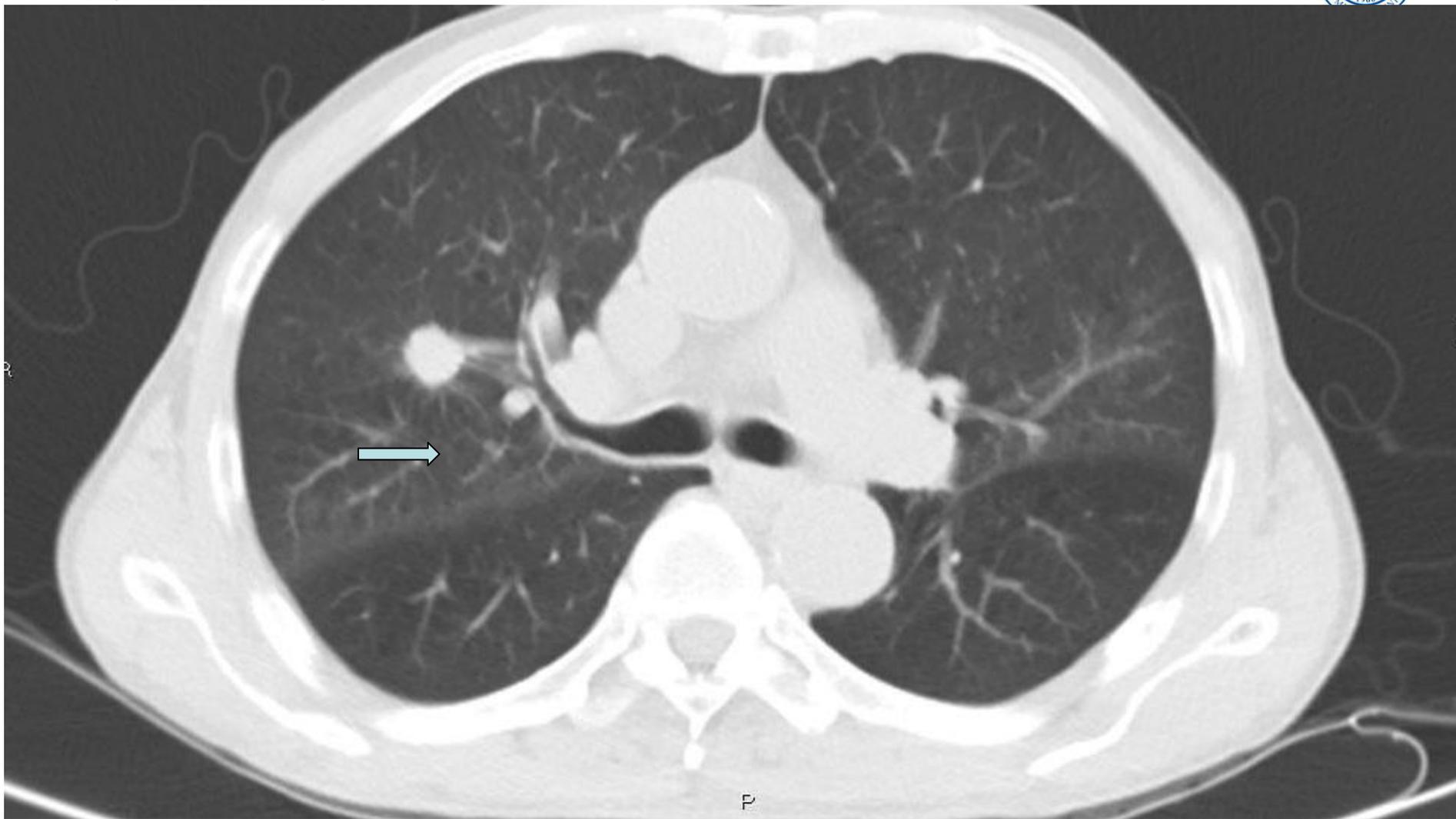
病理诊断

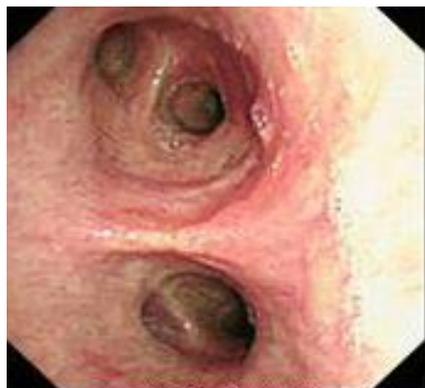
支气管刷片：查见恶性细胞，考虑为低分化癌。

诊断

气管镜活检）粟粒大肺组织2块，均见少量实性癌巢浸润（非小细胞癌），行免疫组化进一步
析类型。







1:左总支气管



4:左上叶尖后段、前段



5:左舌叶



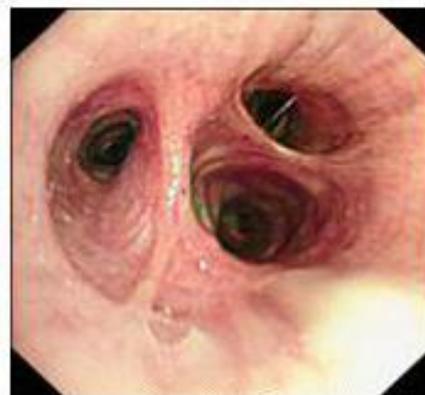
6:左下叶



8:右上叶



12:右中间段

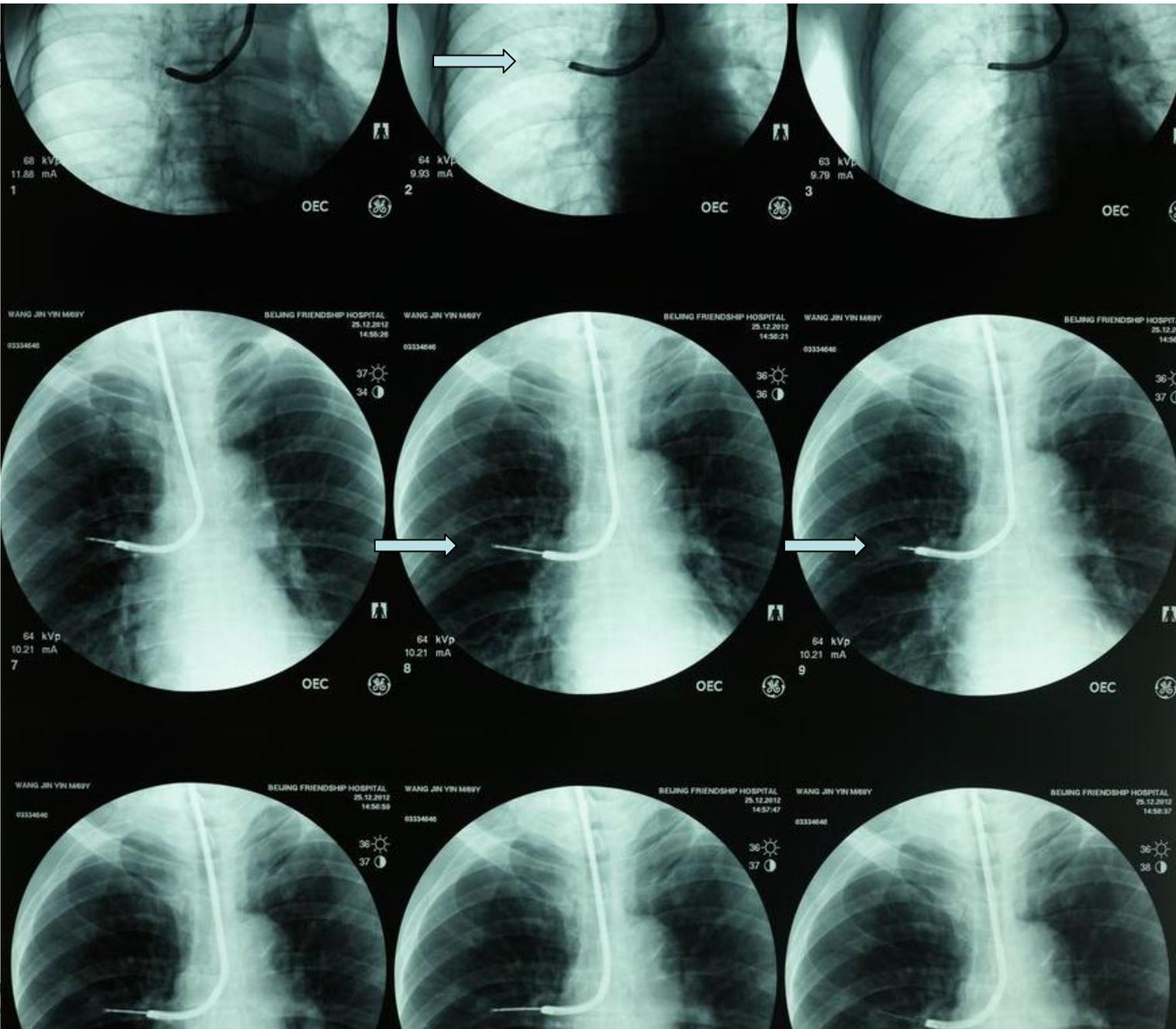


14:右下叶基底段

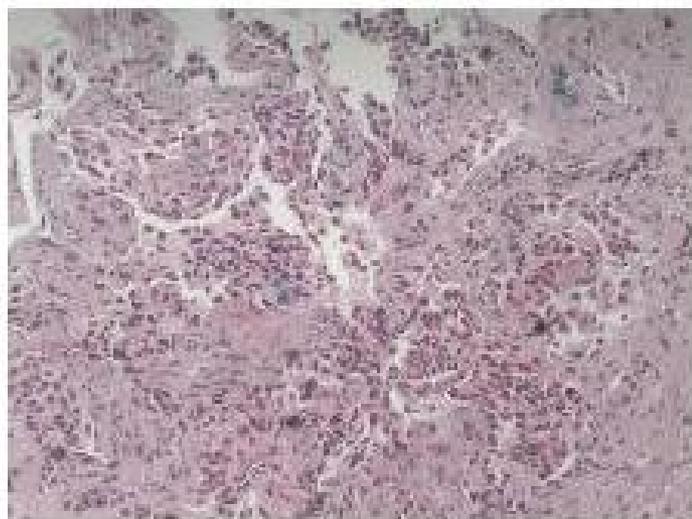


16:右上叶前段B3a





光镜所见

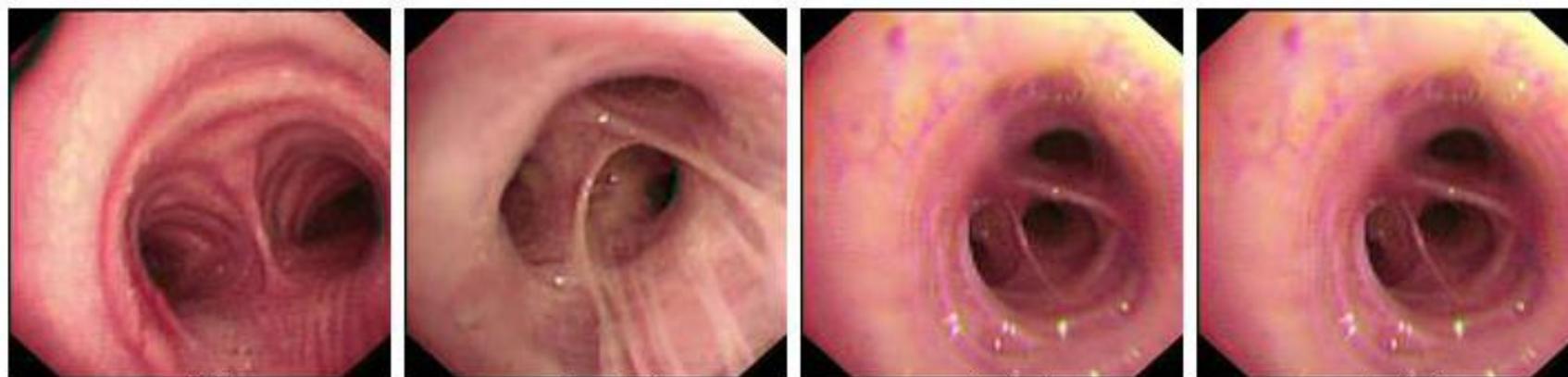


病理诊断

(右肺上叶) 针尖-粟粒大被覆假复层纤毛柱状上皮之粘膜组织及肺组织4块，其中1块可见轻度异型之上皮细胞团，结合免疫组化 (CK7+, TTF-1+, CK5/6-, P63-, Ki67少量细胞+)，考虑为腺癌。





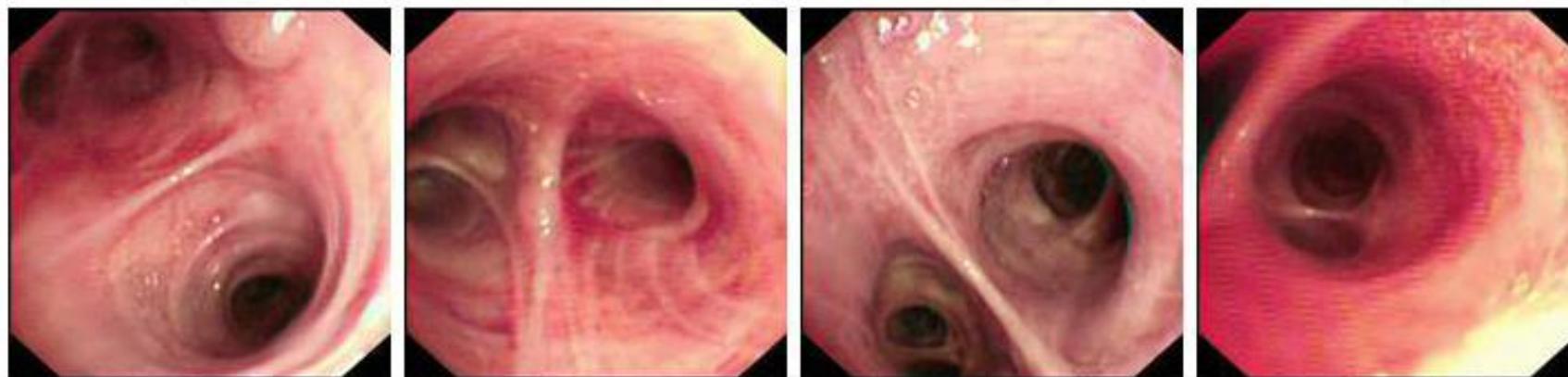


1:隆突

2:右上叶

4:右中叶

5:右中叶



10:左上叶

11:左上叶尖后段、前段

16:左下叶基底段

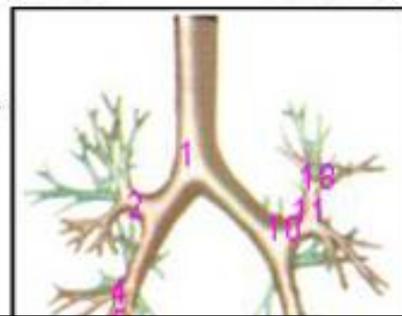
18:左上叶前段

检查所见:

支气管镜经口进入。见声门活动尚好，气管通畅，粘膜完整，未见瘘口，隆突尚锐利，左右各叶段支气管粘膜轻度增厚，左上叶前段开口可见鲜红色血迹，余各叶段开口未见明显异常。

左上叶前段给予0.9%生理盐水灌洗90ml回吸收50ml红色液体，分送细胞学，PCR法找结核菌，细菌培养，霉菌培养。

左上叶前段透视下TBLB，远端刷检。



WANG YIN JUN

BEIJING FRIENDSHIP HOSPITAL
18.04.2013
10:15:10

03697544 M57



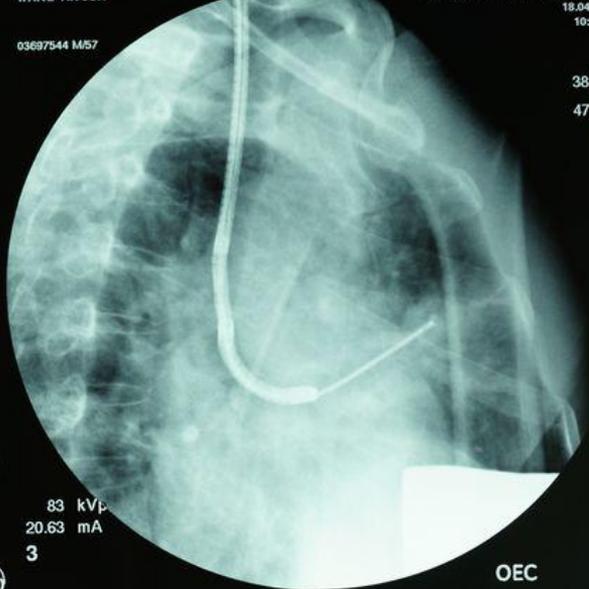
29
39

OEC



WANG YIN JUN
18.04.2013
10:15:22

03697544 M57



38
47



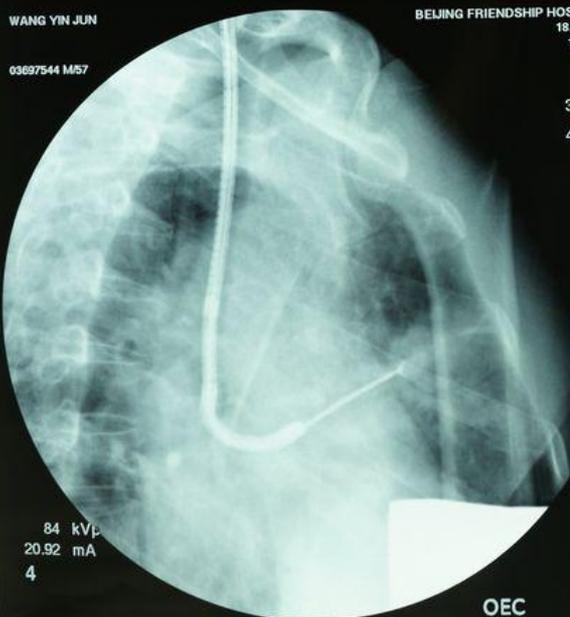
OEC



WANG YIN JUN

BEIJING FRIENDSHIP HOSPITAL
18.04.2013
10:17:00

03697544 M57



37
45



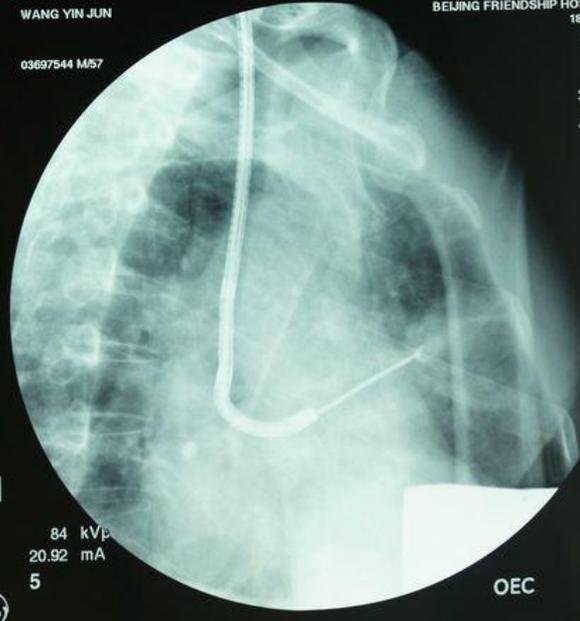
OEC



WANG YIN JUN

BEIJING FRIENDSHIP HOSPITAL
18.04.2013
10:17:08

03697544 M57



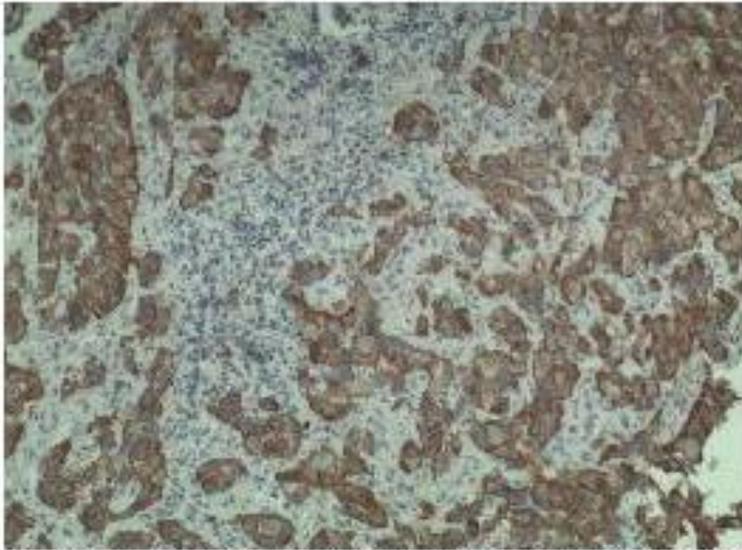
36
44



OEC



光镜所见



8\B0517071\1.2.840.113654.2.3.2007.12.18.2

病理诊断

（左上叶间断内侧叶开口处）粟粒大被覆假复层纤毛柱状上皮之粘膜组织2块，其中1块见恶性肿瘤细胞巢浸润，免疫组化提示为非小细胞癌，类型待肿物完整切除，全面分析。

免疫组化结果：Syn(-)，p63(-)，TTF-1(-)，CK(+)，CK7(+).





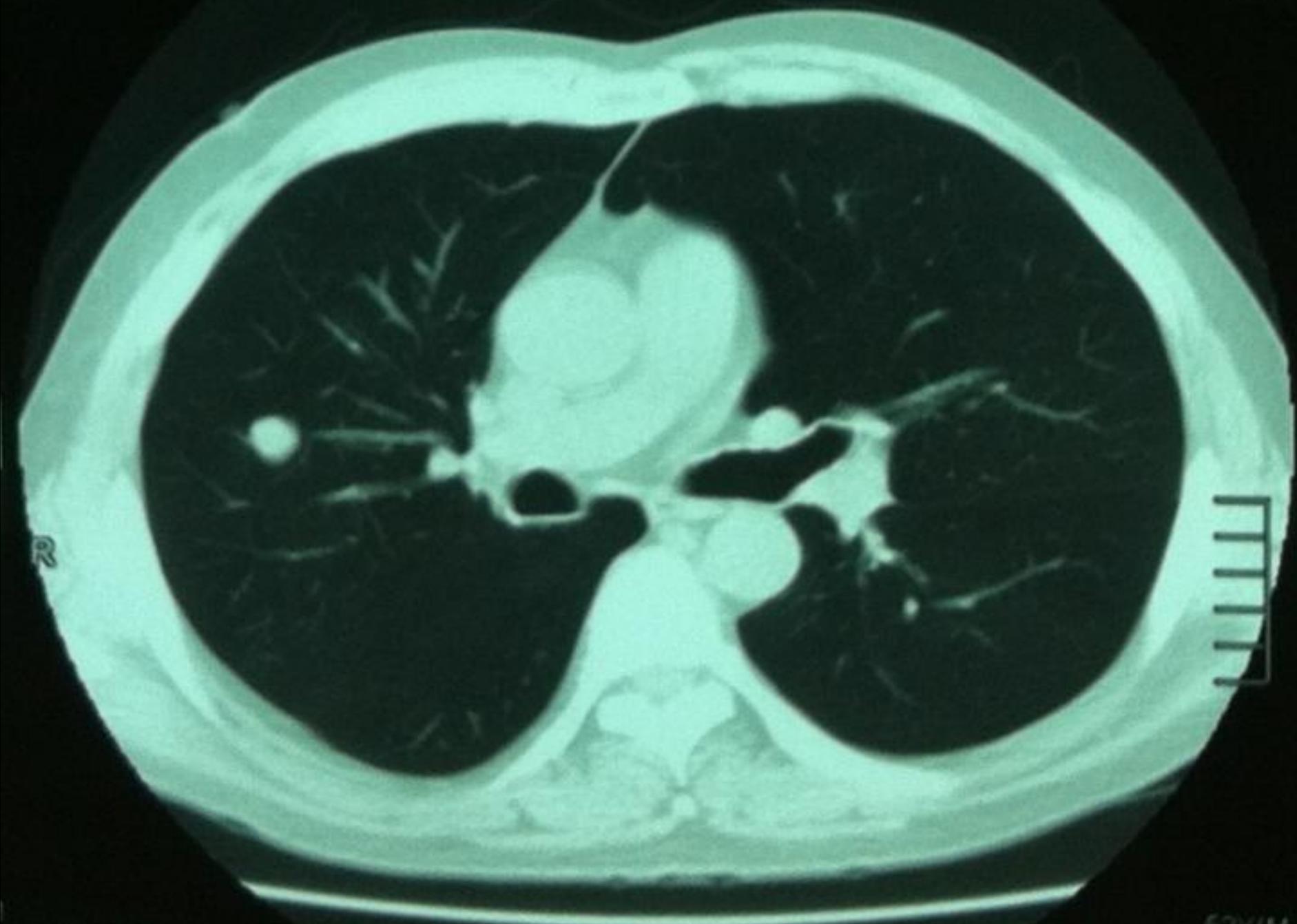
首都医科大学附属

北京友谊医院

Beijing Friendship Hospital, Capital Medical University

145 00mm
+0 00

U 55/5 0mm/U 5x8U
HP69 0



R

52V/M



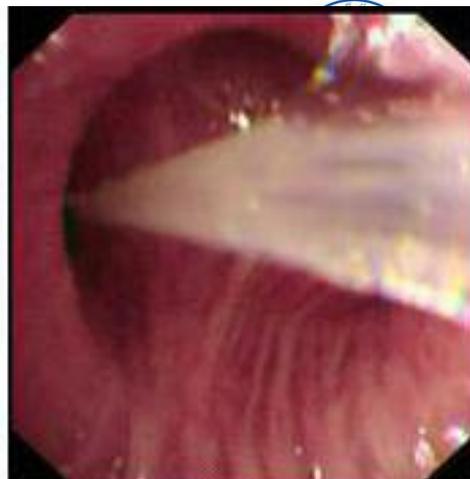
1: 隆突



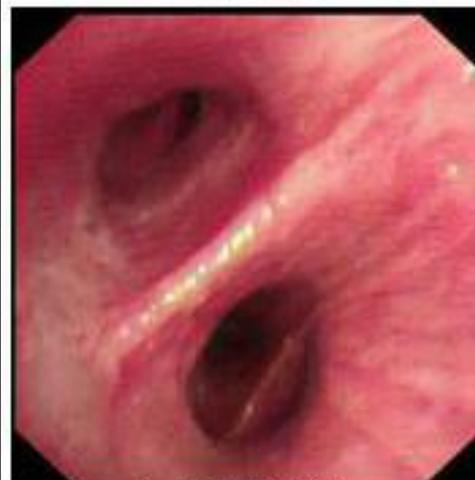
2: 左主气管



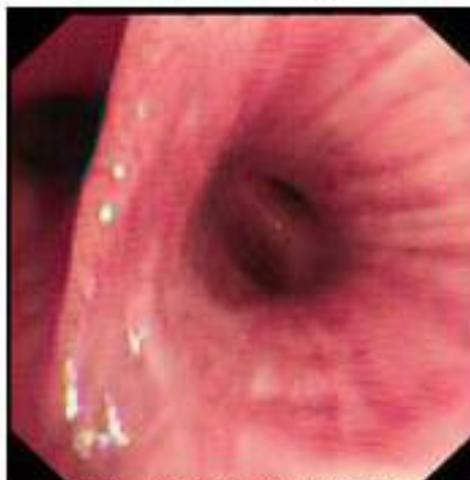
3: 左上叶



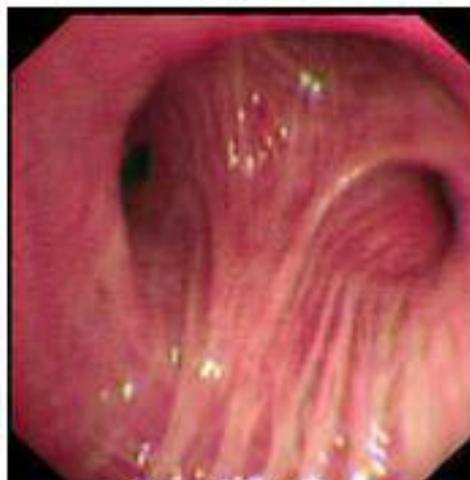
8: 右上叶



9: 右中间段



11: 右下叶基底段



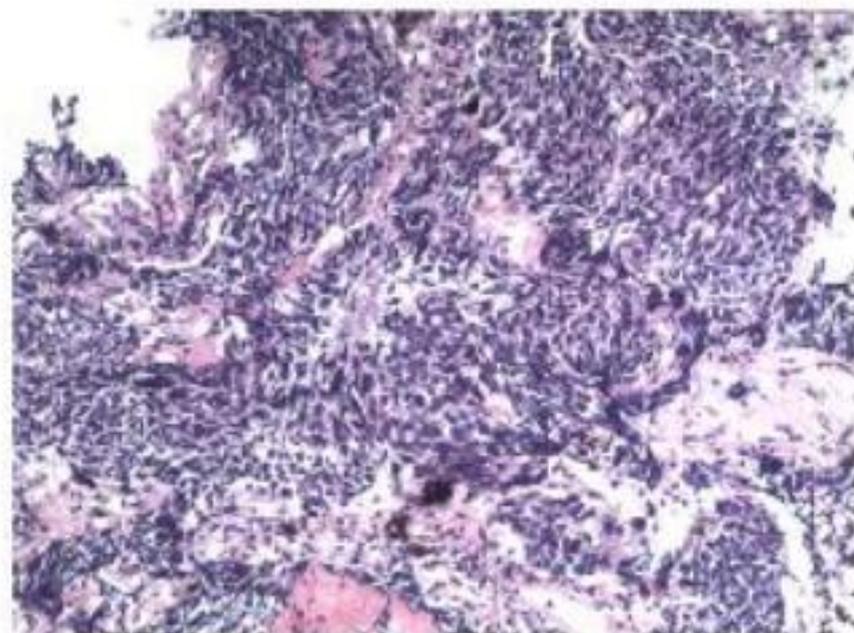
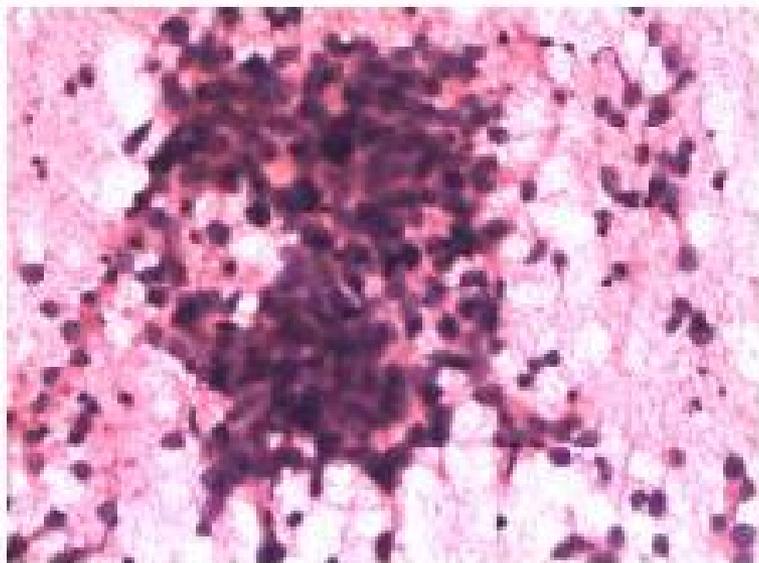
13: 右上叶



16: 右上叶前段外侧亚段







EBUS及径向超声

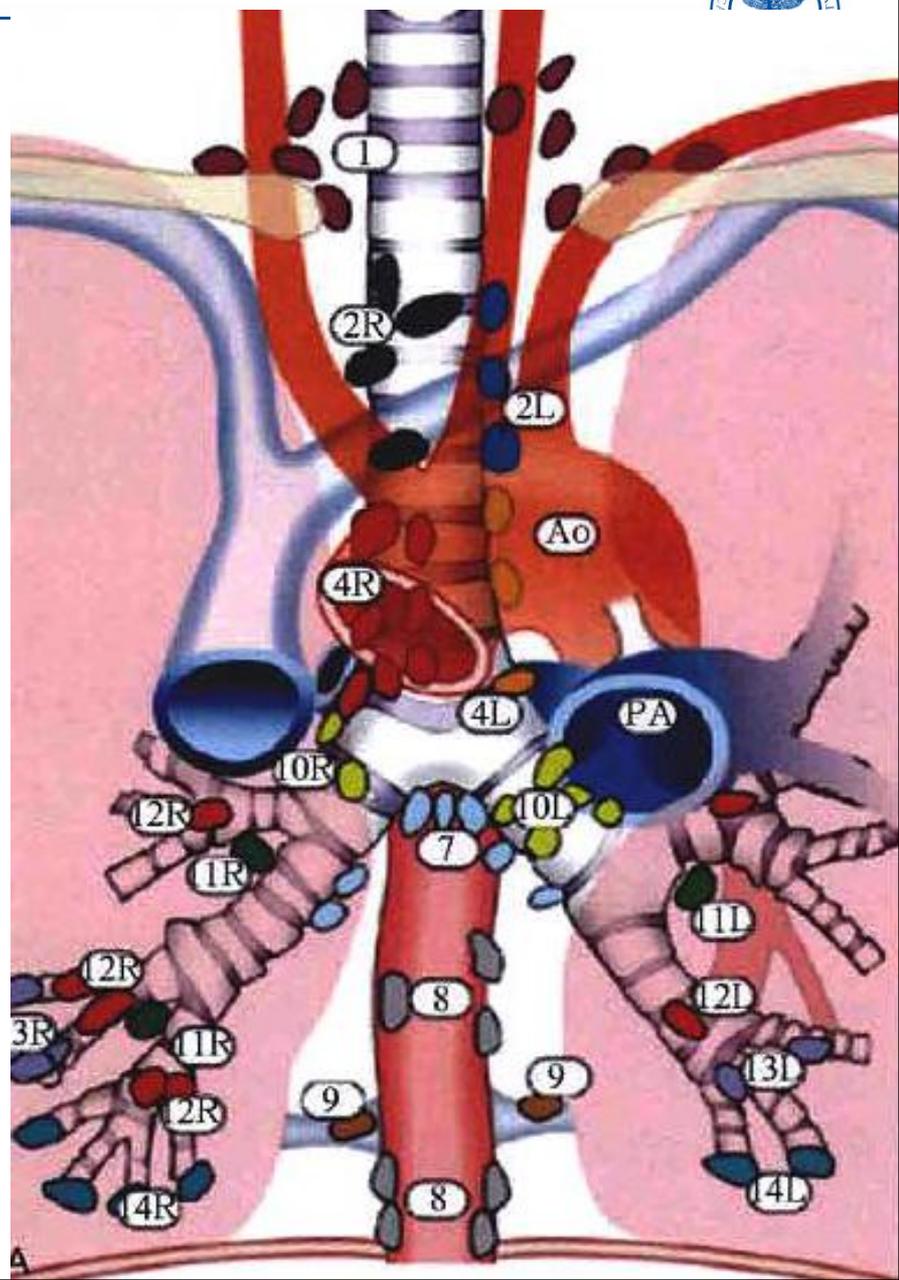
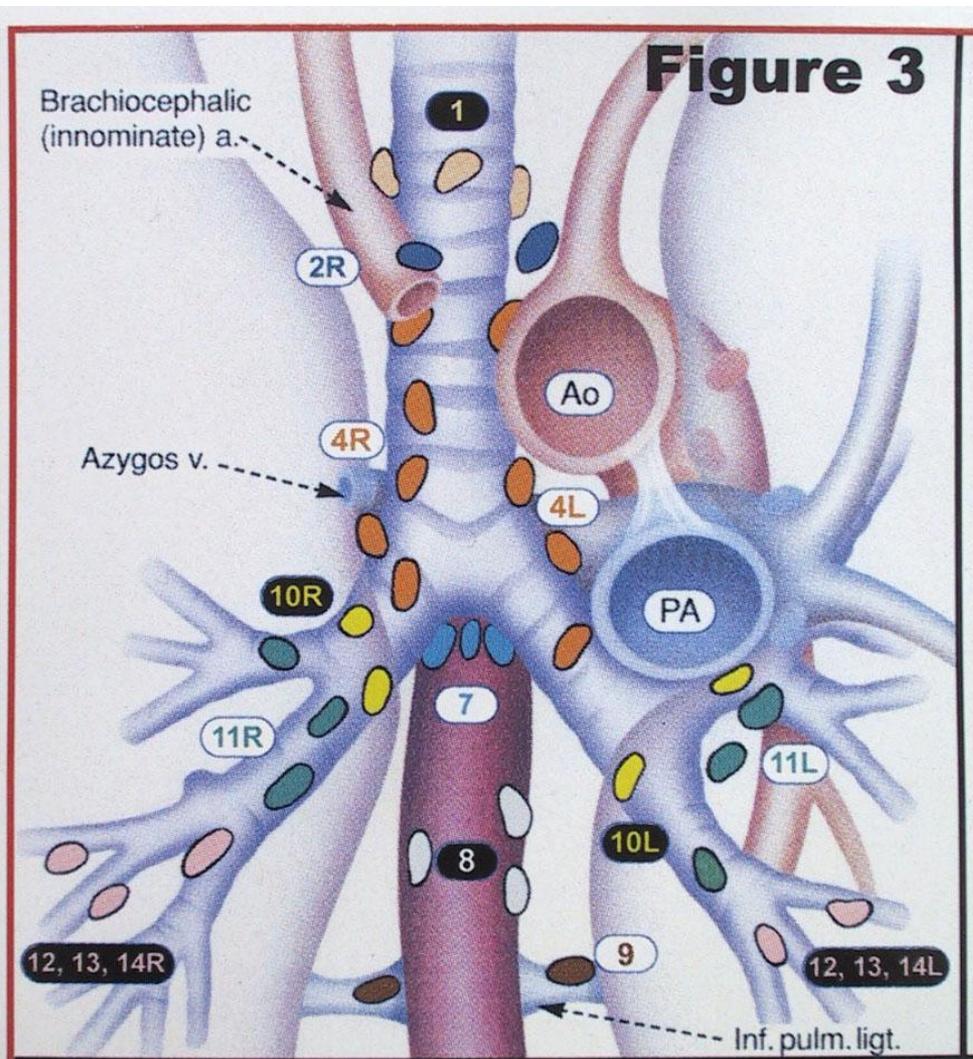


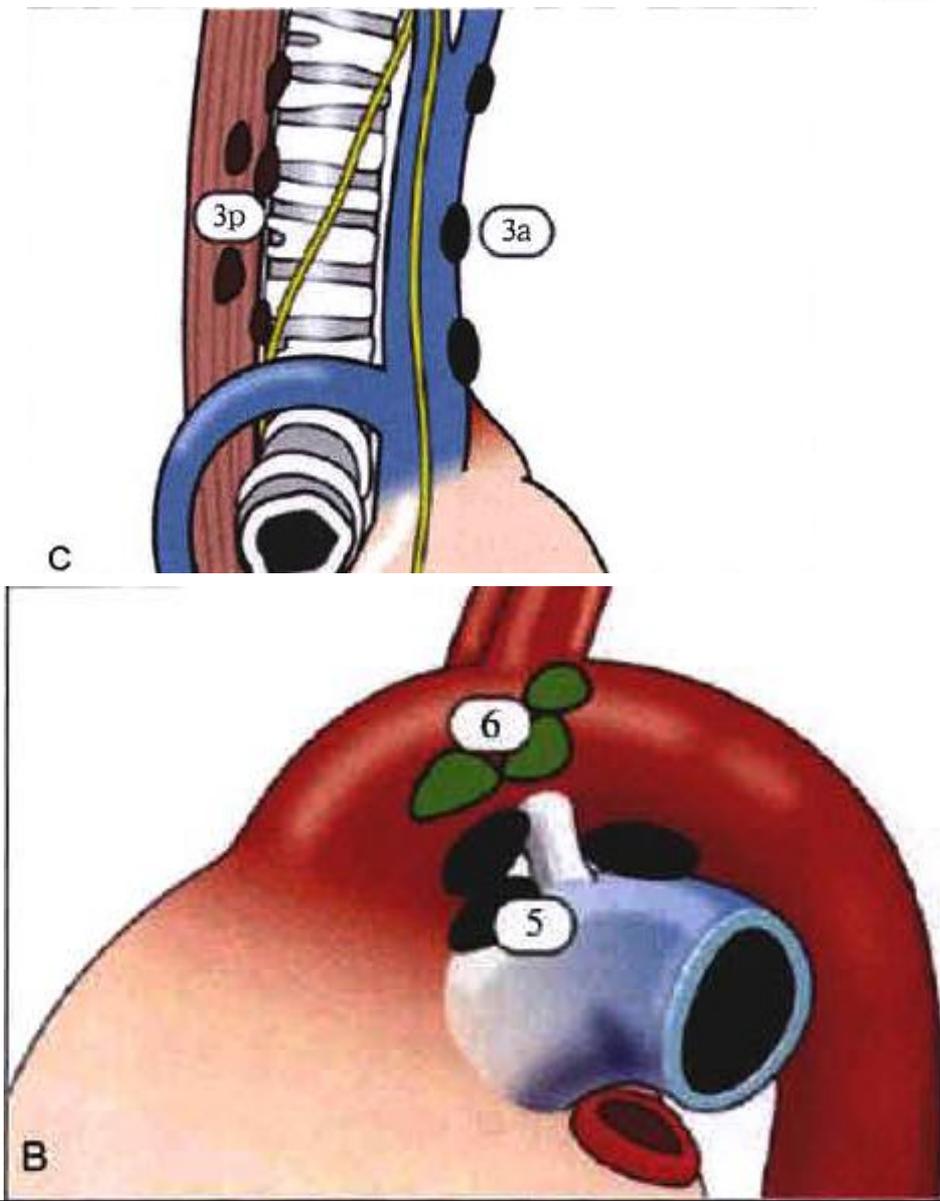
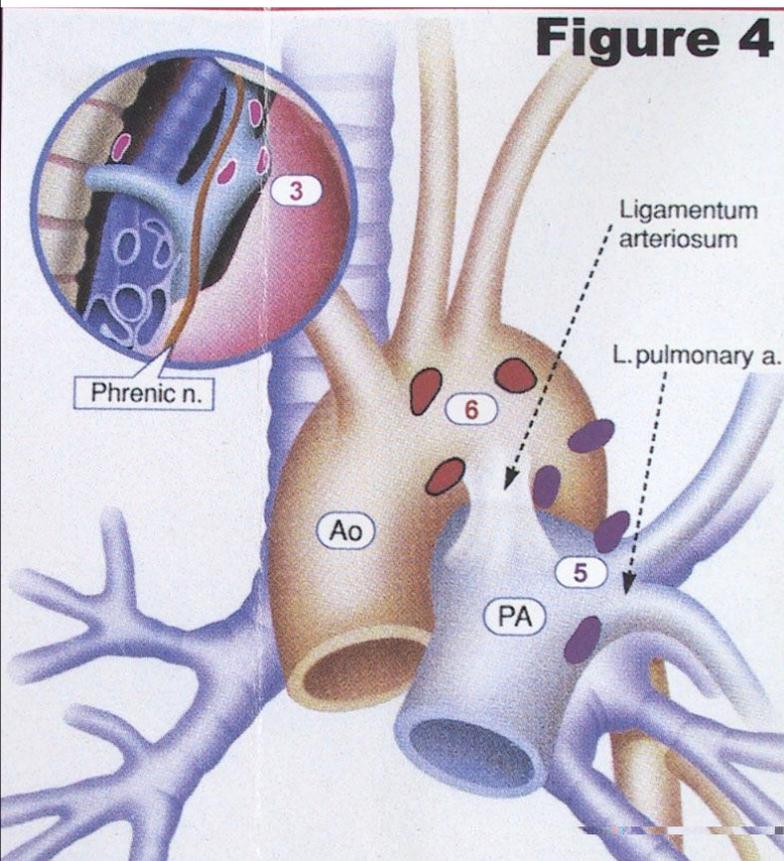
2009年第7版国际肺癌研究学会 (IASLC) 肺癌区域淋巴结分组

- 锁骨上区
 - 1组：下颈部，锁骨上，胸骨切迹淋巴结
- 上纵隔区
 - 2组：上气管旁淋巴结
 - 3组：血管前和气管后淋巴结
 - 4组：下气管旁淋巴结
- 主动脉AP区
 - 5组：主动脉弓下（主肺动脉窗）淋巴结
 - 6组：主动脉旁淋巴结
- 下纵隔区
 - 7组：隆嵴下淋巴结
 - 8组：隆嵴下食道旁淋巴结
 - 9组：肺韧带淋巴结
- 肺门、叶间区
 - 10组：肺门淋巴结
 - 11组：肺叶间淋巴结
 - 12组：肺叶内淋巴结
 - 13组：肺段淋巴结
 - 14组：肺亚段淋巴结



1996年 2009年





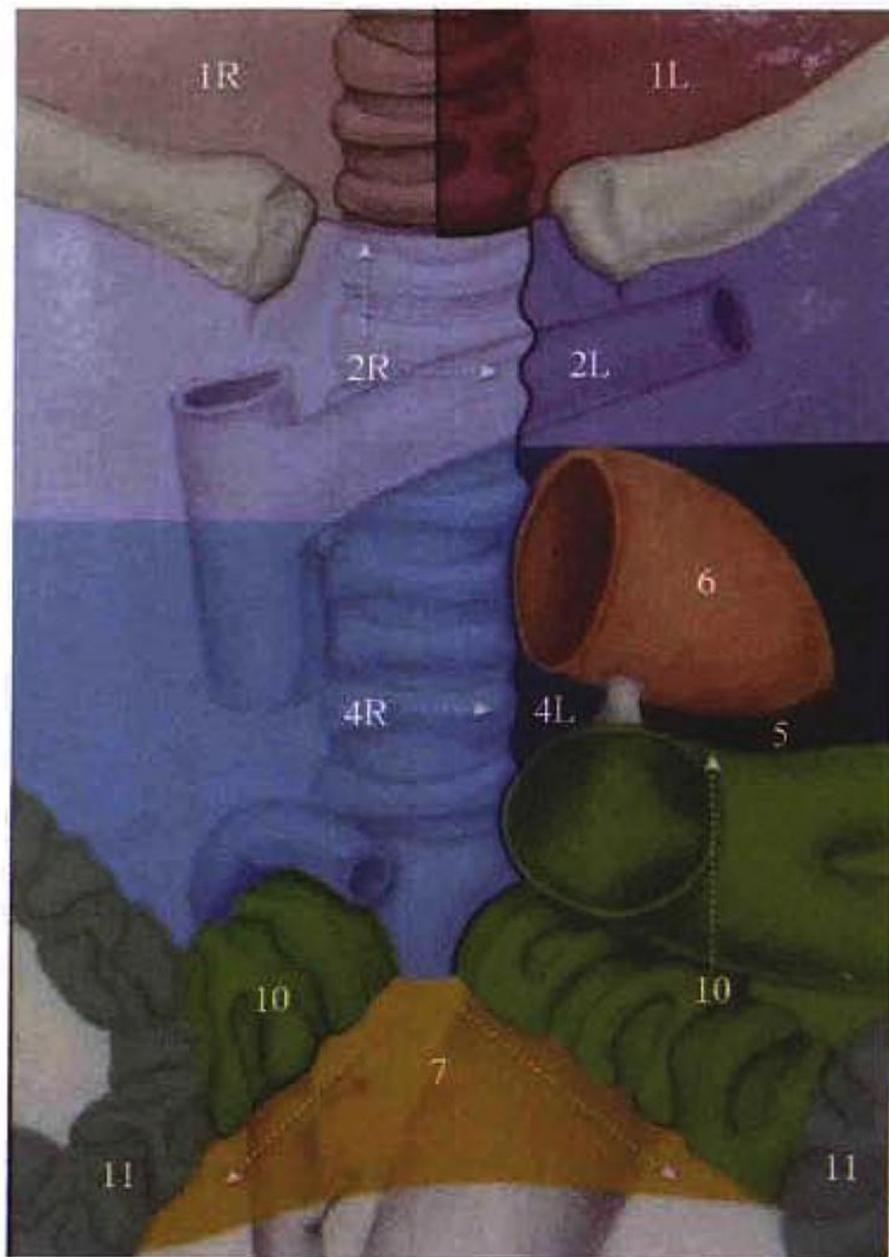
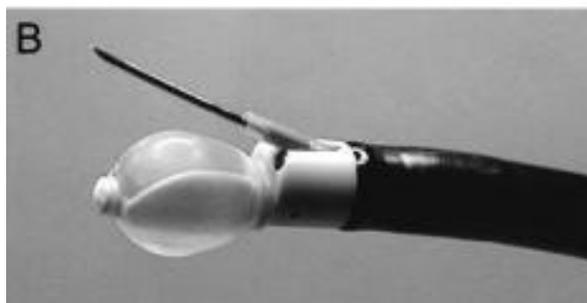


图 3-2 纵隔内的淋巴结分组更新部分 (第 7 版
AJCC/UICC)

EBUS-TBNA适应症

- 肺癌肺门及纵膈淋巴结评估
- 纵膈肿瘤诊断
- 结节病诊断
- 胸内淋巴结结核诊断
- 纵膈囊肿诊断





YANG
JI GANG
M 30

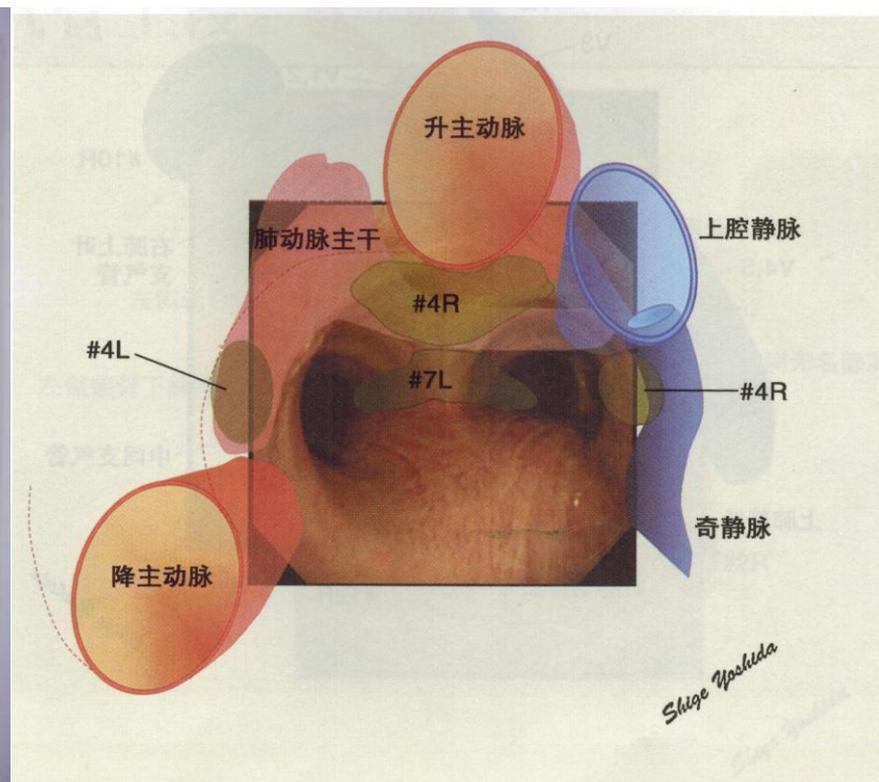
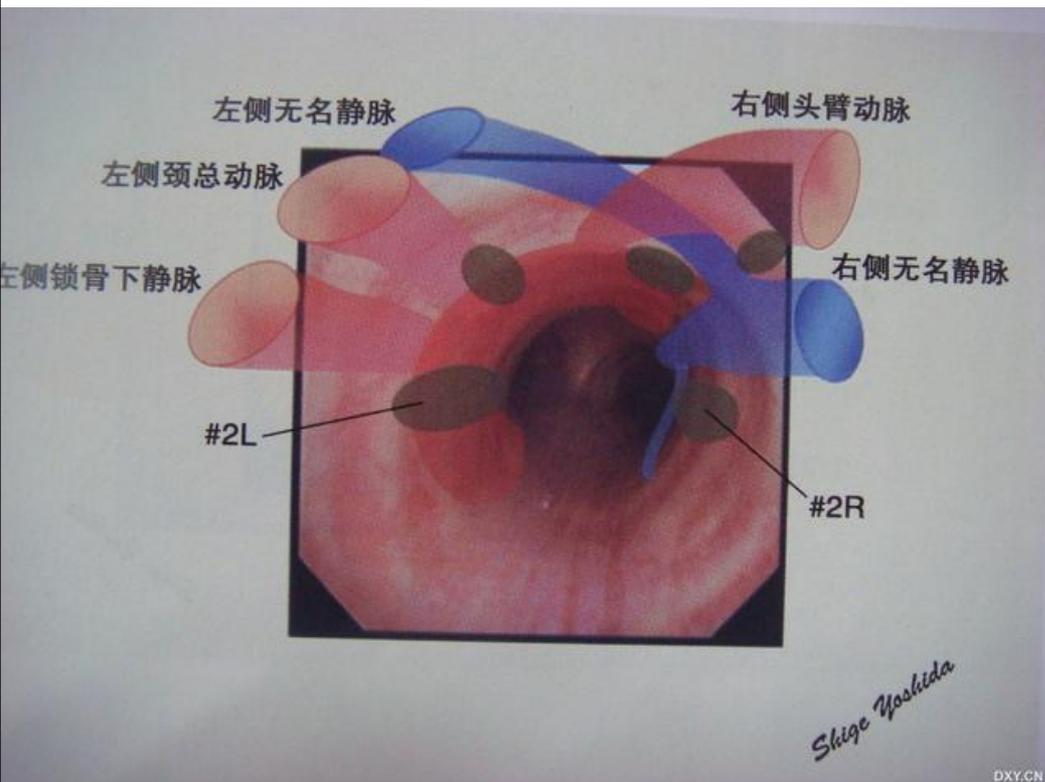
27-06-2017
13:50:32

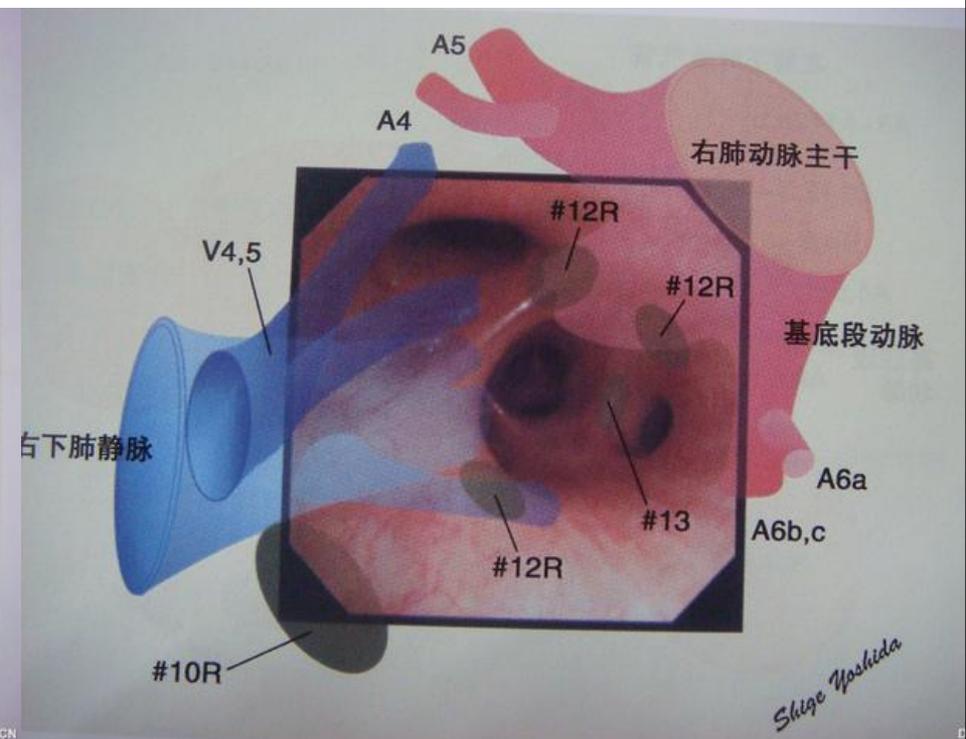
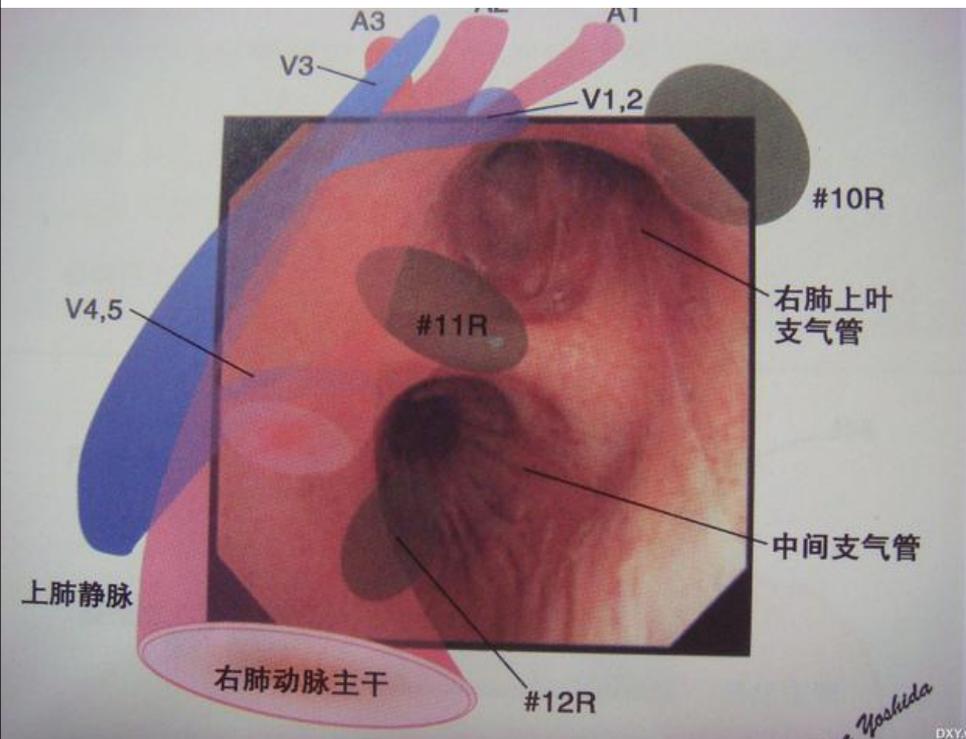
SCV: 1

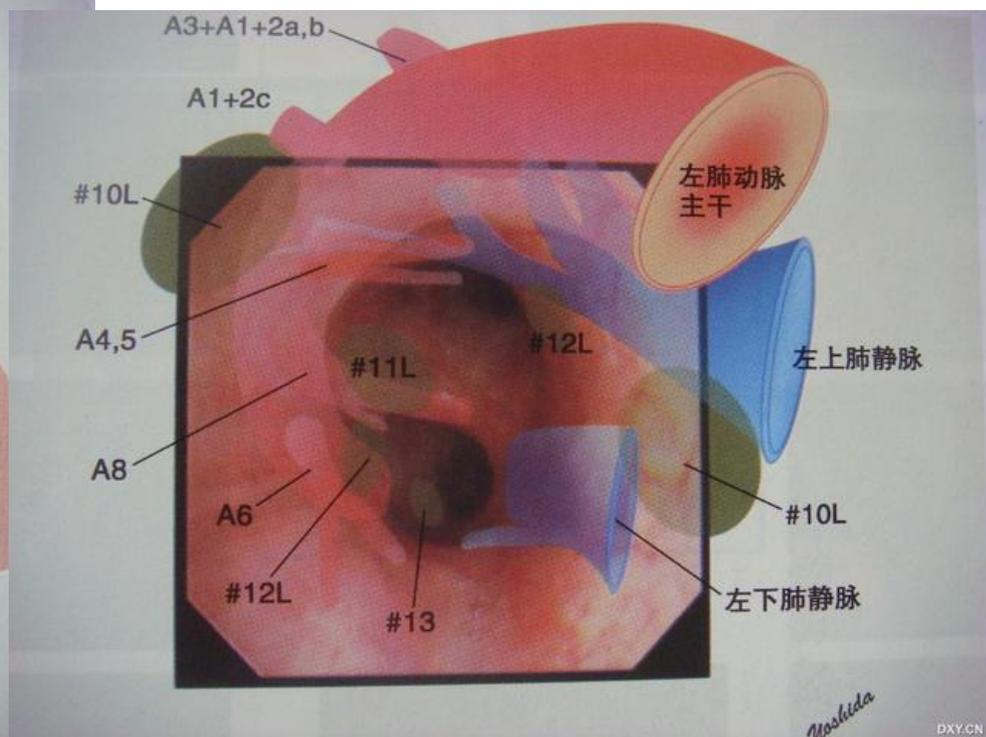
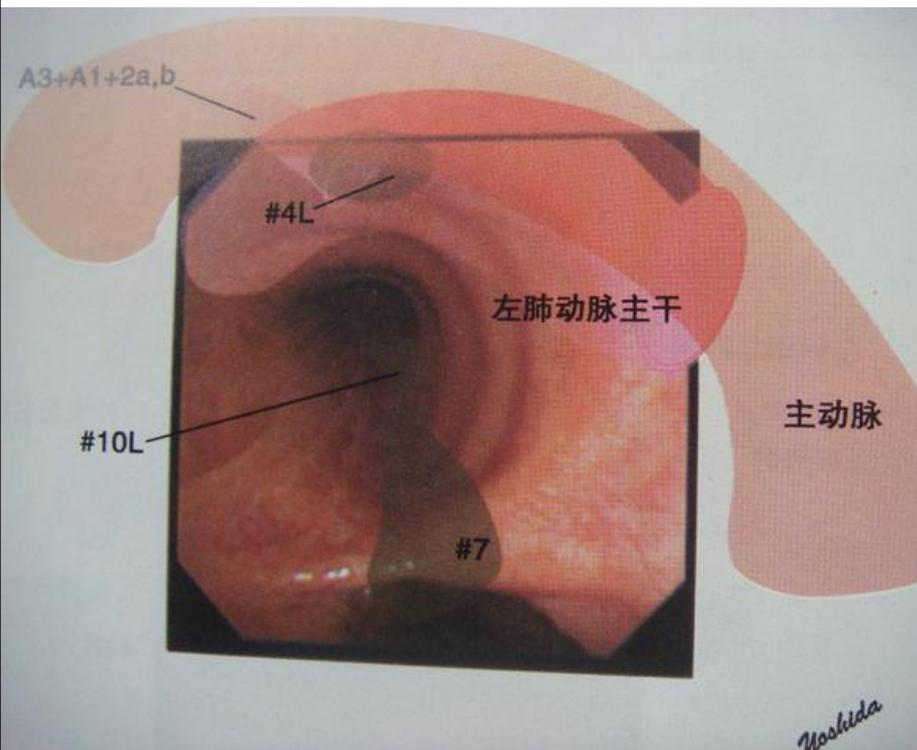
Ct: N Eh: A 1
Ce: 0

Physician :
Comment :

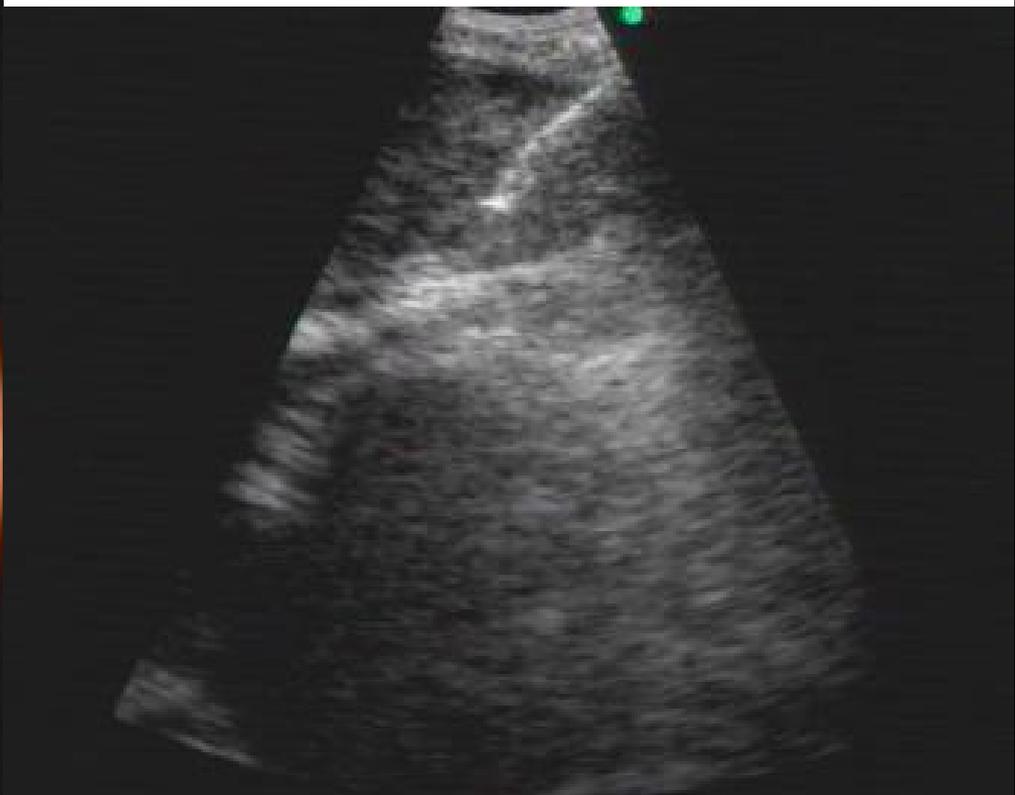
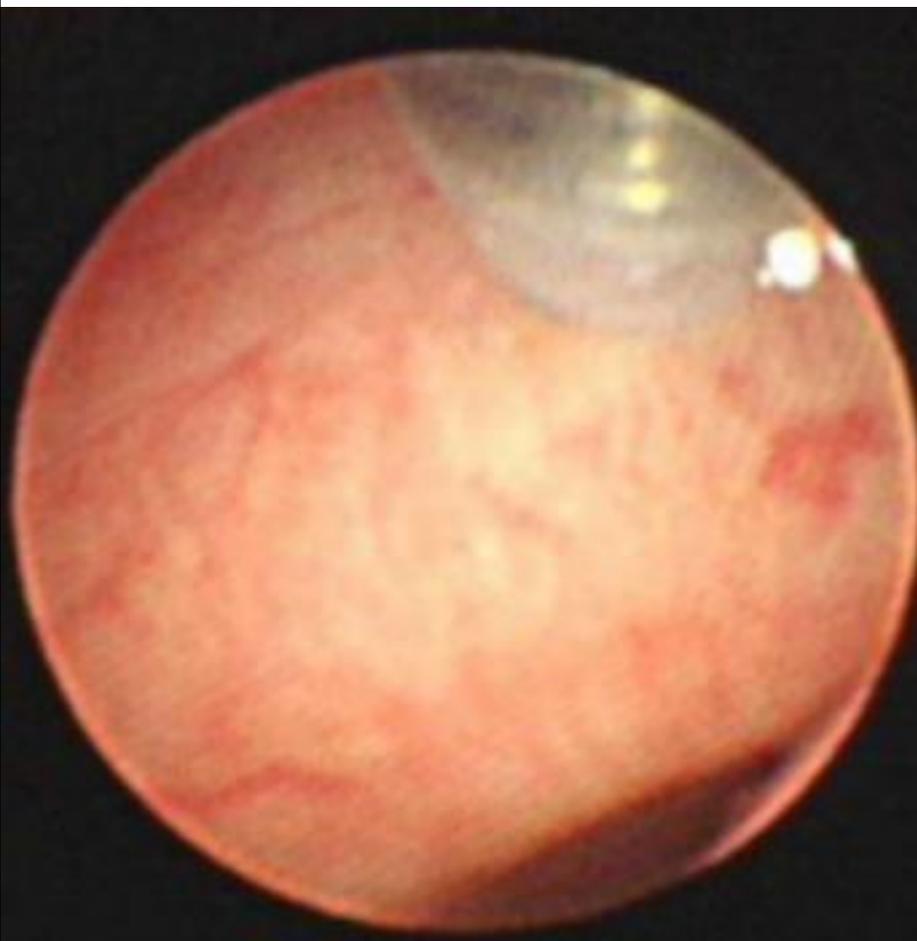


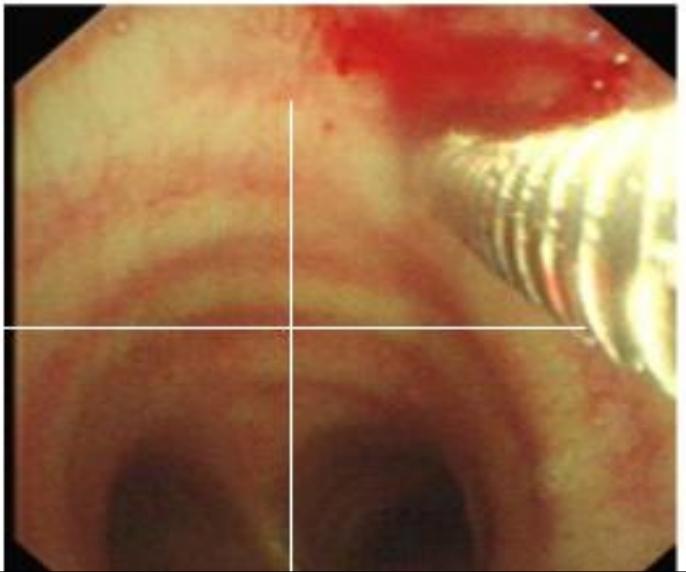
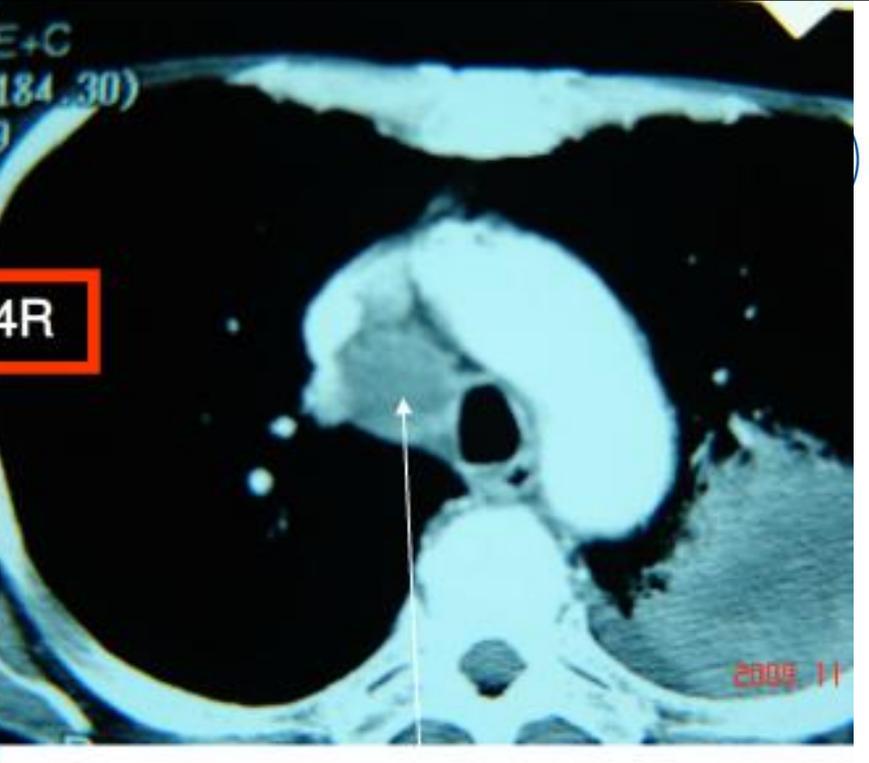


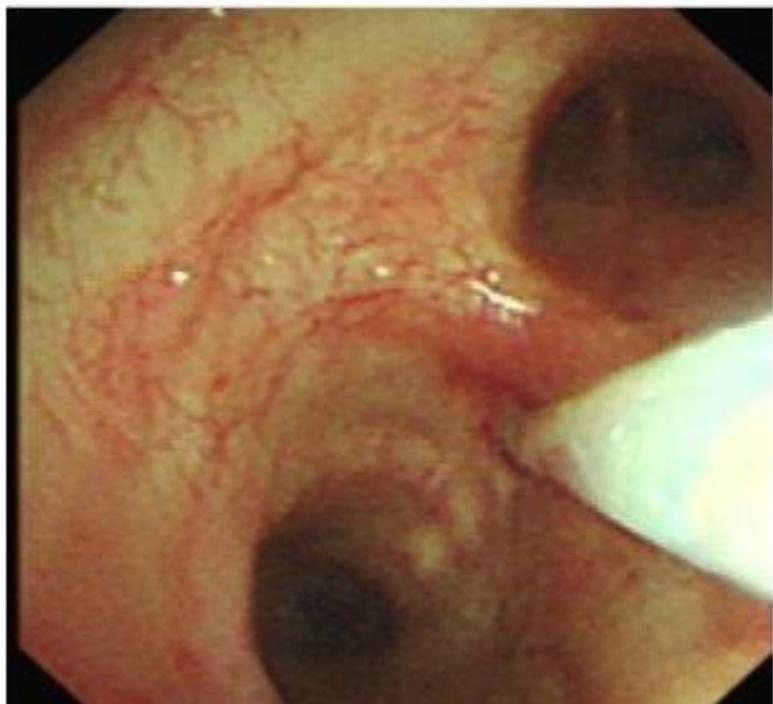
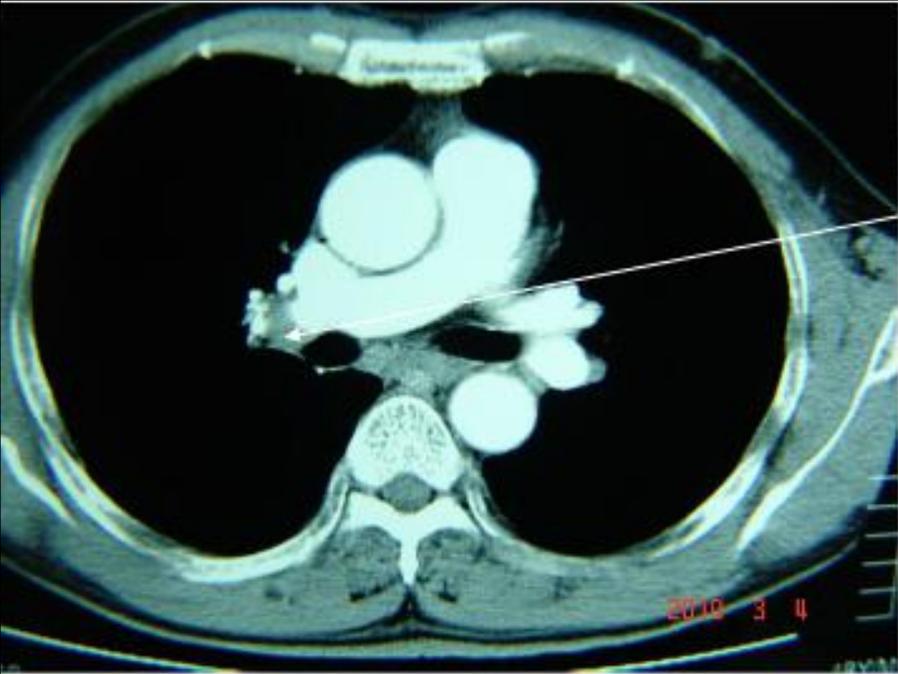






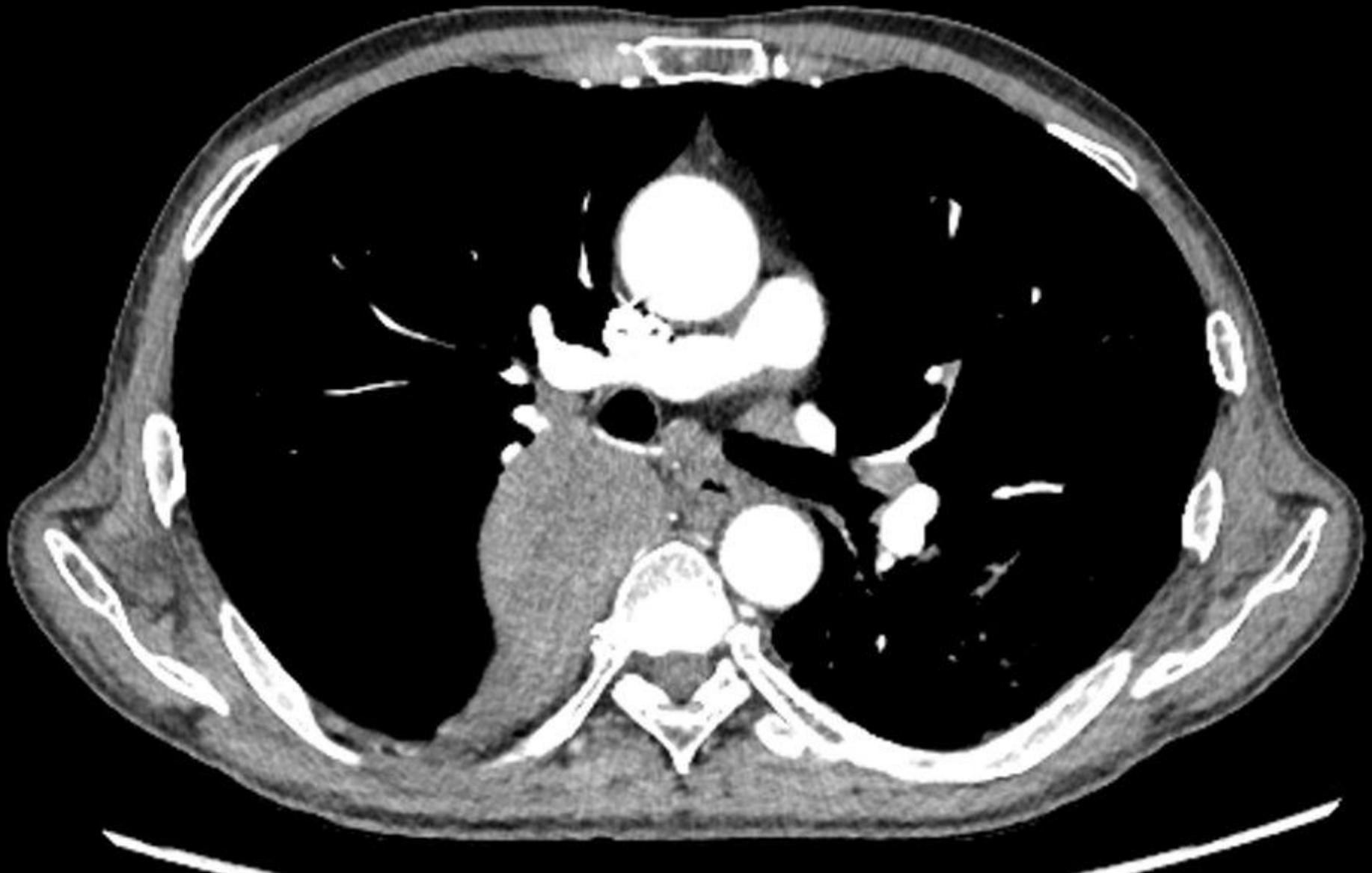






⑥右肺门 (B) (10)





ID:
NAME:

AGE:
DOB: SEX:

19/01/2017
09:22:35

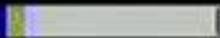
10MHz 4cm

G:15/19 I:N

C:5/8 FC:3

L.DEN:x2.0

TX:100%

MEDIA 

T/B:NONE

OLYMPUS



DIR:
NOR
SCL:
5mm

ID:
NAME:

AGE:
DOB: SEX:

27/06/2017
13:57:52

10MHz 4cm

G:13/19 I:N

C:5/8 FC:3

L.DEN:x2.0

TX:100%

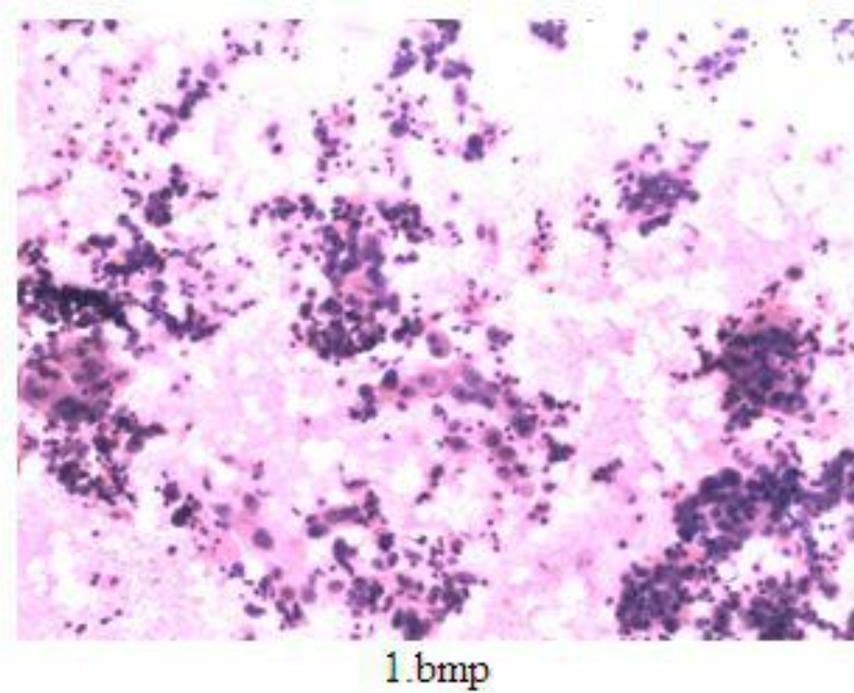
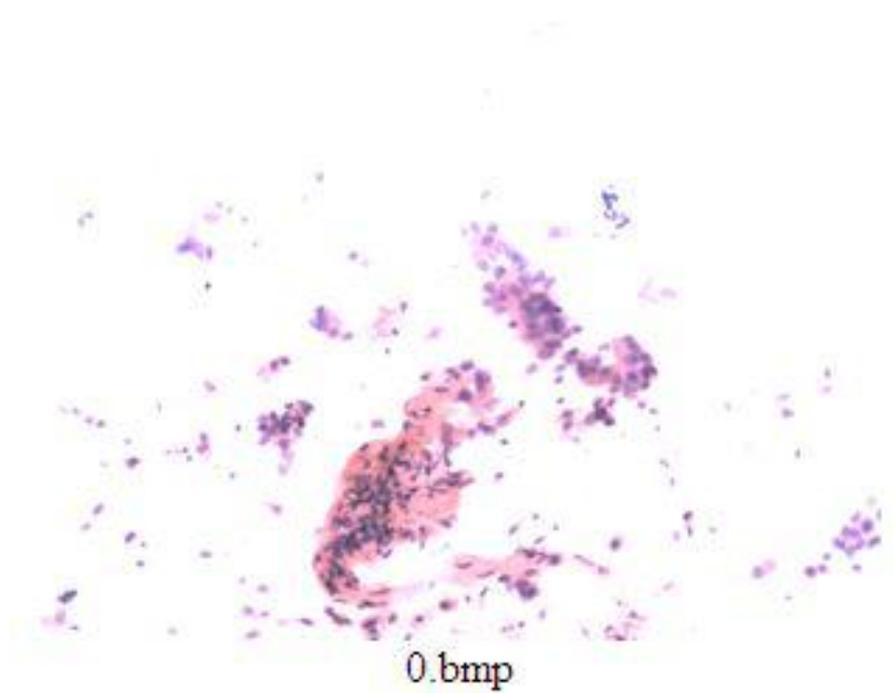
MEDIA 

T/B:NONE

OLYMPUS



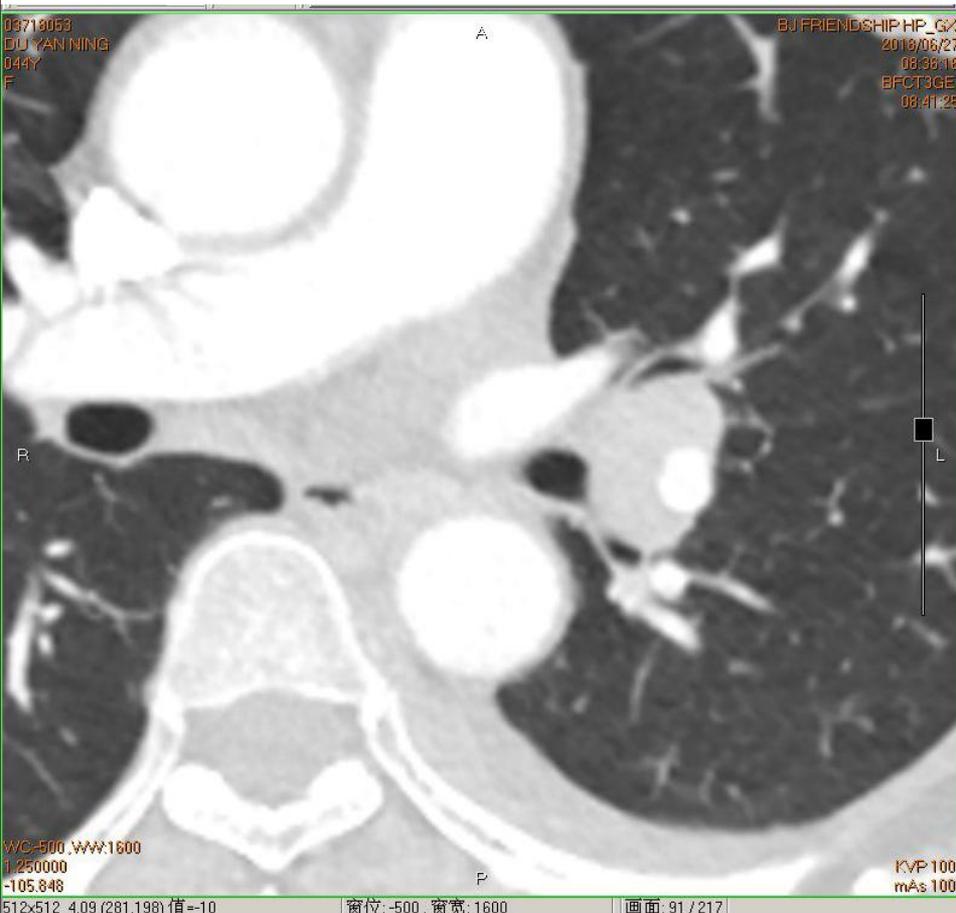
DIR:
NOR
SCL:
5mm



诊断意见:

支气管普通刷片: 可见呼吸性上皮细胞, 未见肿瘤。支气管穿刺刷片: 可见异型细胞, 倾向为非小细胞癌(低分化)。





送检标本:1:胸水~10;

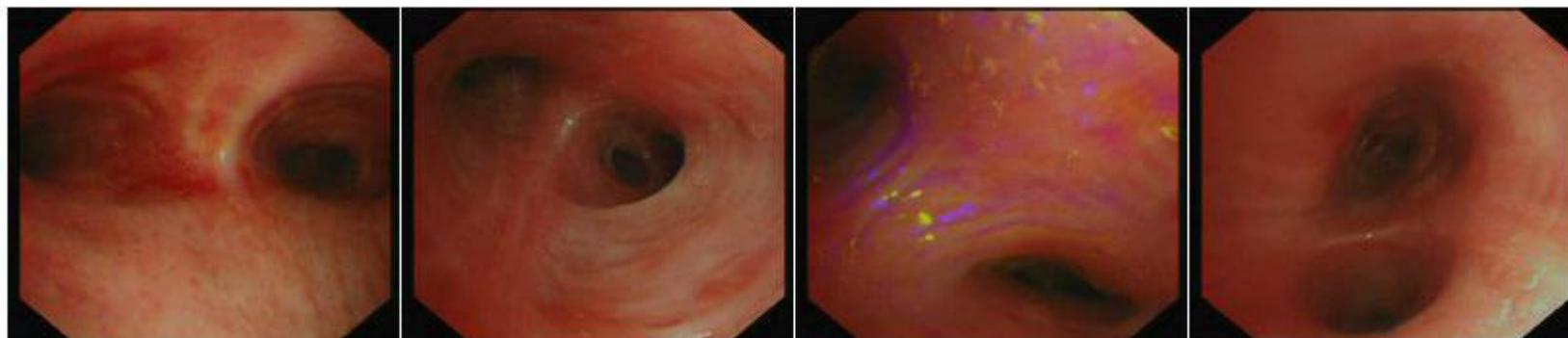
病理
号:C0142405

临床诊断:胸腔积液

诊断意见:

胸水涂片: 可见淋巴细胞及巨噬细胞及少量异型细胞团, 不排除为癌细胞, 建议再送。



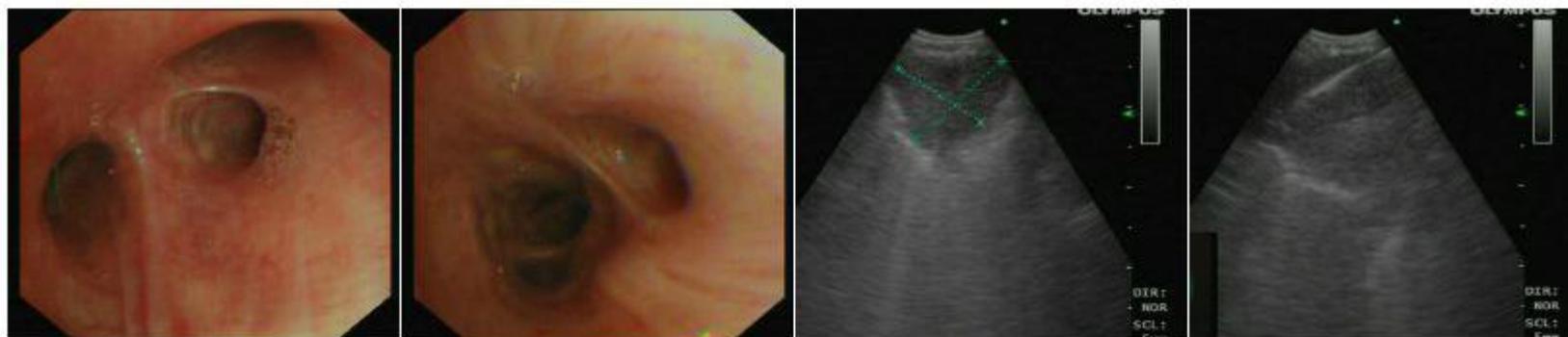


1:隆突

2:左上叶固有段

3:左上叶舌段

4:左下叶



5:右上叶

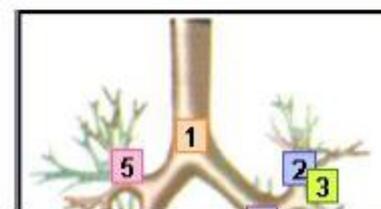
6:右下叶

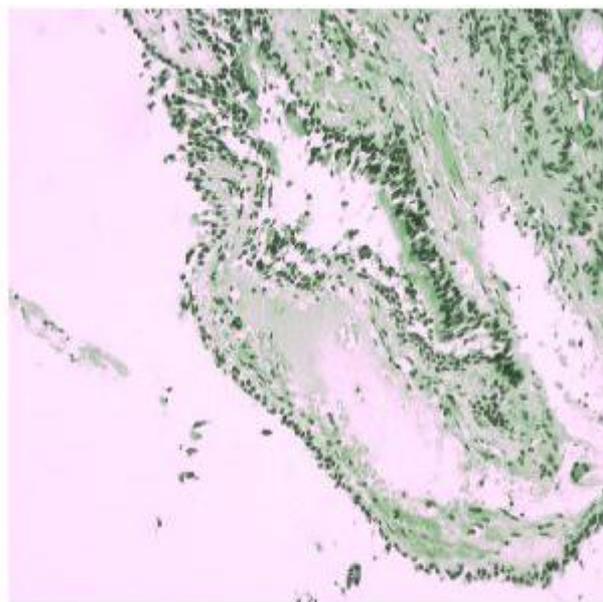
7:L11组淋巴结

8:L11组淋巴结穿刺

检查所见:

支气管镜经口进入。见声门活动尚好，气管通畅，粘膜完整，未见瘘口，隆突尚锐利。双侧支气管粘膜轻度增厚，支气管内可见粘性分泌物，左侧各叶段支气管粘膜充血水肿，左上叶舌段开口呈鱼嘴样外压狭窄，右侧各叶段支气管开口通畅。余未见明显异常。未见新生物，未见出血。



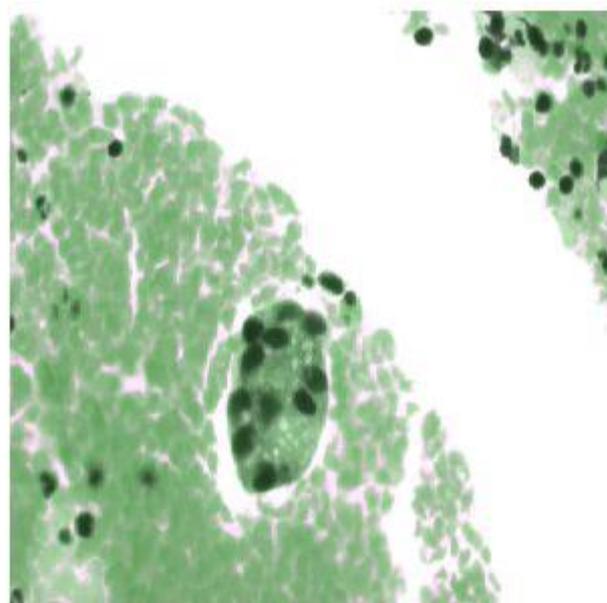


0.bmp

诊断意见:

(支气管活检)针尖-粟粒大被覆假复层纤毛柱状上皮之粘膜组织3块, 少量淋巴样细胞浸润。



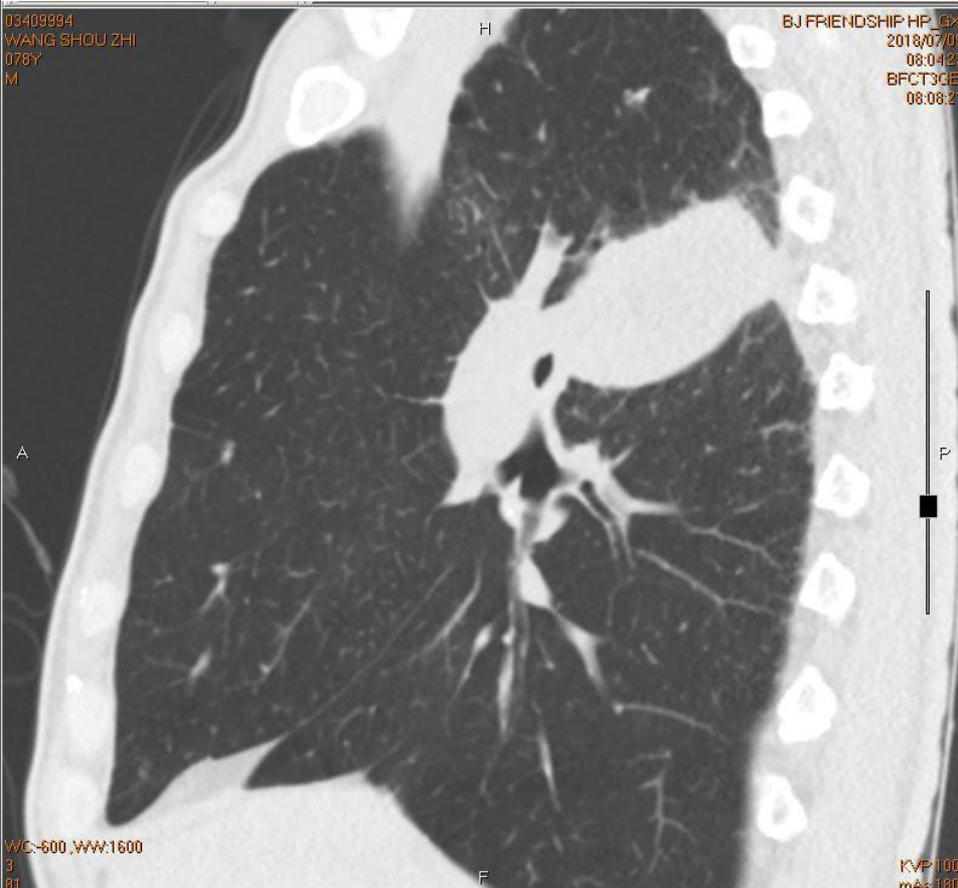


0.bmp

诊断意见:

(纵膈淋巴结)凝血(共直径2.0cm), 内见少量上皮样细胞团, 免疫组化: CK8+, ER+, D2-40-, Calretinin-, CK5/6-, WT-1-, LCA-, CD38-, Kappa-, Lamda-, 提示为乳腺癌细胞团。



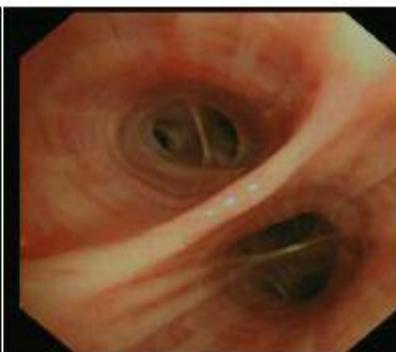




1:左上叶



2:左上叶舌段



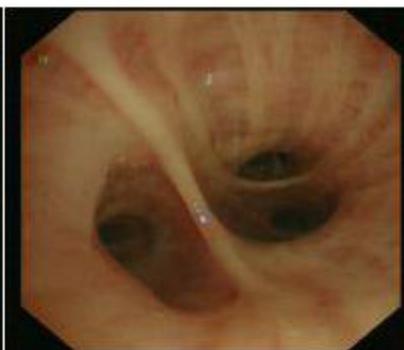
3:左下叶基底段



4:右上叶



5:右中叶



6:右下叶基底段



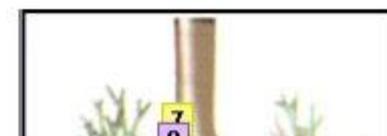
7:R4淋巴结

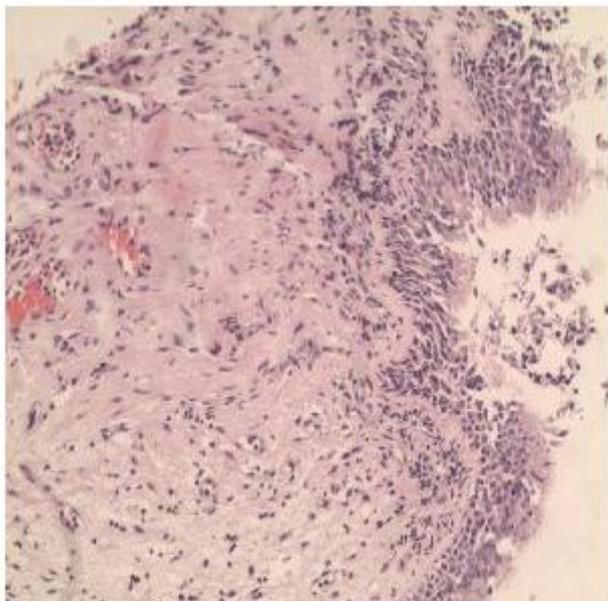


8:R4淋巴结穿刺

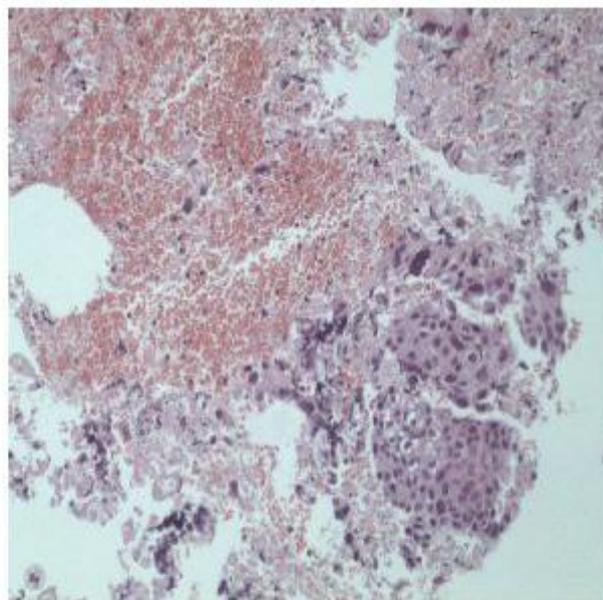
检查所见:

支气管镜经口进入。口，隆突尚锐利。双
管内可见粘性分泌物，左上叶舌段支气管开口处可见少许污苔样碳末沉





0.bmp



0.bmp

镜下大部分为凝血组织及小灶恶性细胞巢，倾向鳞癌。

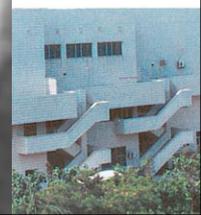
诊断意见:

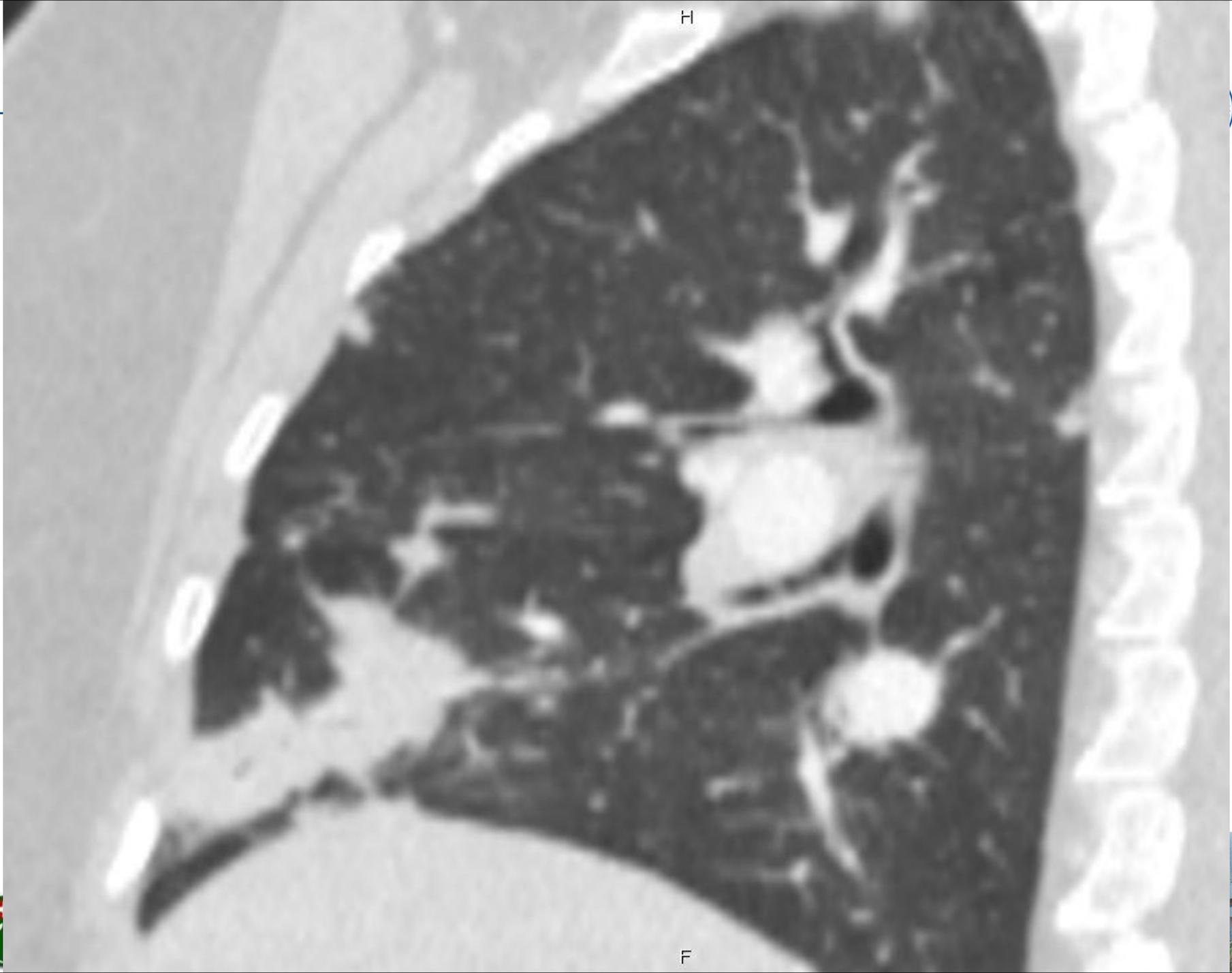
支气管刷片：血性背景中见增生的呼吸性上皮细胞，未见肿瘤细胞。 淋巴结穿刺细胞涂片：血性背景中见少许异型细胞，不排除癌细胞可能。



径向超声







H

F





3:隆突



4:左上叶



6:左舌叶



8:左下叶



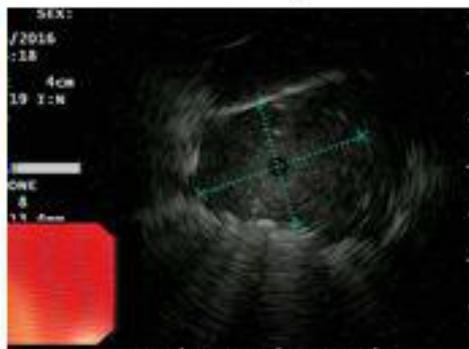
11:右上叶



12:右中间段



17:右中叶



21:径向超声



ID:
NAME:

AGE:
DOB: SEX:

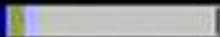
11/08/2016

11:15:33

20MHz 4cm

G: 6/19 I:N

C:4/8

MEDIA 

T/B:IMG ROT

316
5

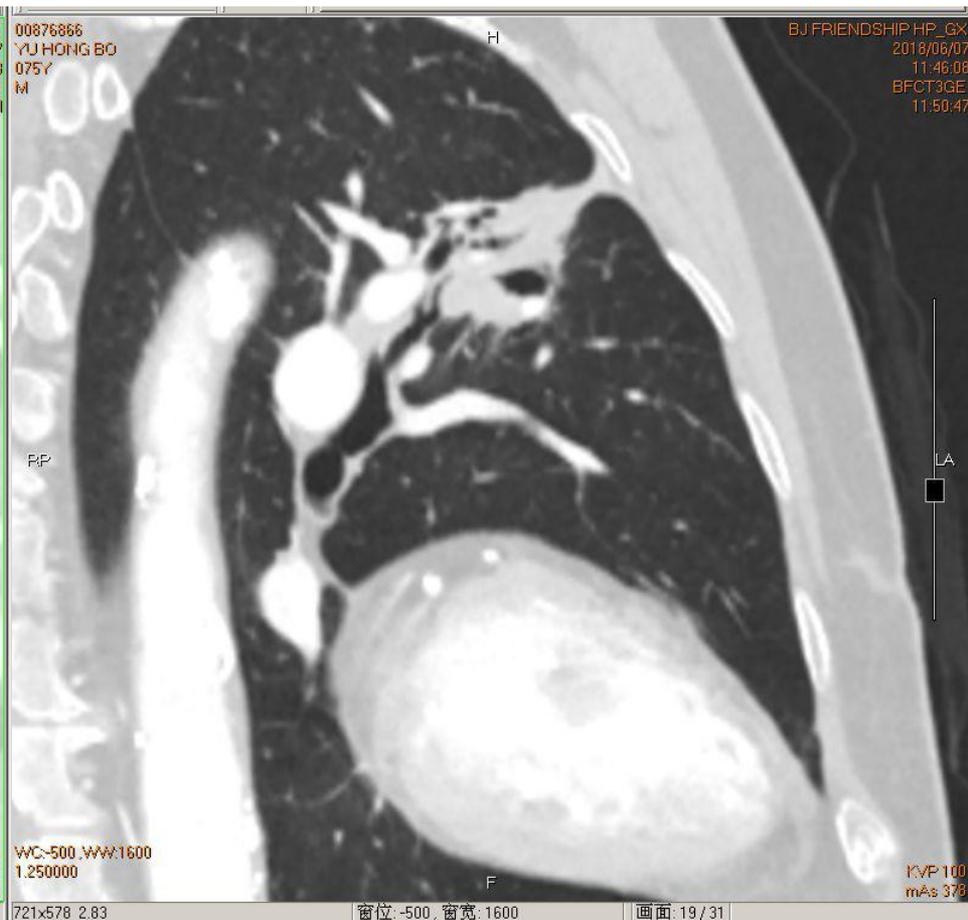
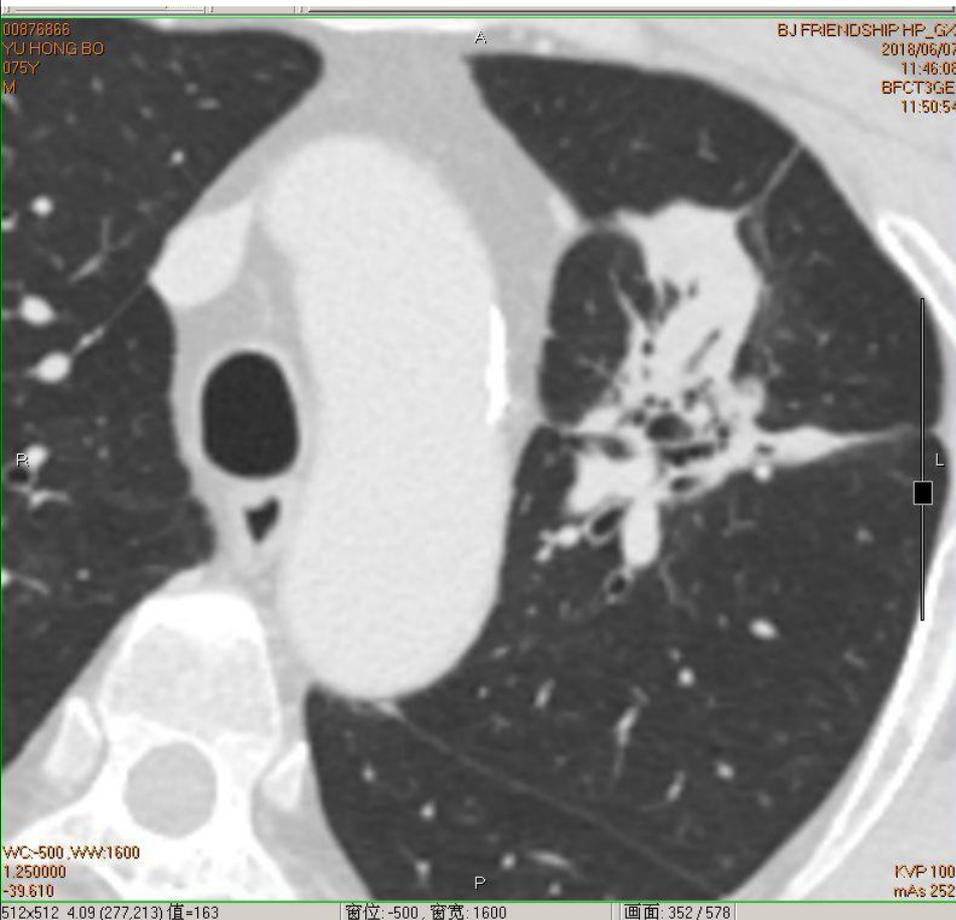


OLYMPUS



DIR:
- NOR
SCL:
5mm







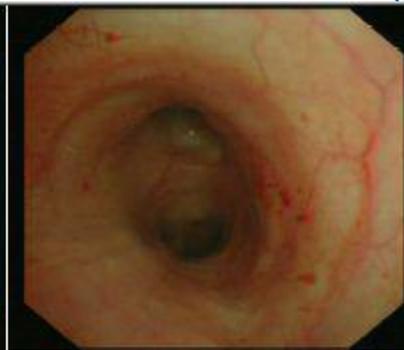
1:隆突



2:右上叶



3:右中间段



4:左主气管



5:左上叶



6:左上叶舌段



7:左下叶基底段

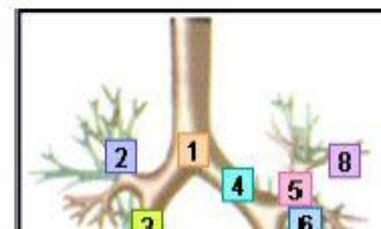


8:左上叶前段径向超声

检查所见:

支气管镜经口进入。见声门活动尚好，气管通畅，粘膜完整，未见瘘口，隆突尚锐利。双侧支气管粘膜轻度增厚，支气管内可见粘性分泌物，余各叶段支气管未见异常，未见新生物，未见出血。

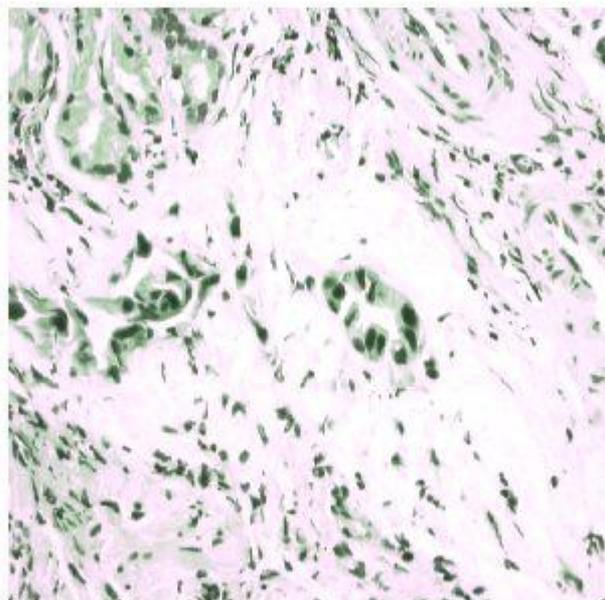
左上叶前段灌入生理盐水120ml，回收浑浊液体约34ml，分送细胞学，找结核菌，细菌培养等检查。



送检标本:1:气管镜();

病理
号:B0726742

临床诊断:1:肺部阴影



0.bmp

诊断意见:

(气管镜)粟粒大被覆假复层纤毛柱状上皮之粘膜组织, 间质内见少量腺管样结构, 细胞有非典型, 部分挤压变形, 倾向腺癌浸润。



气管镜下冷冻治疗



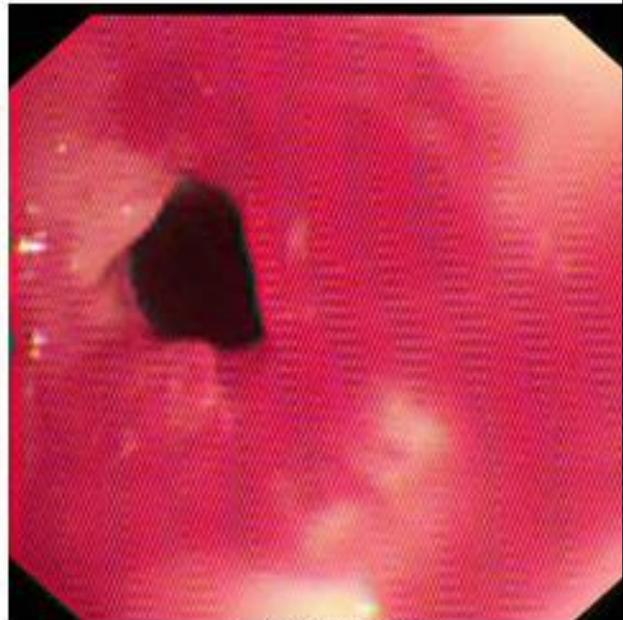




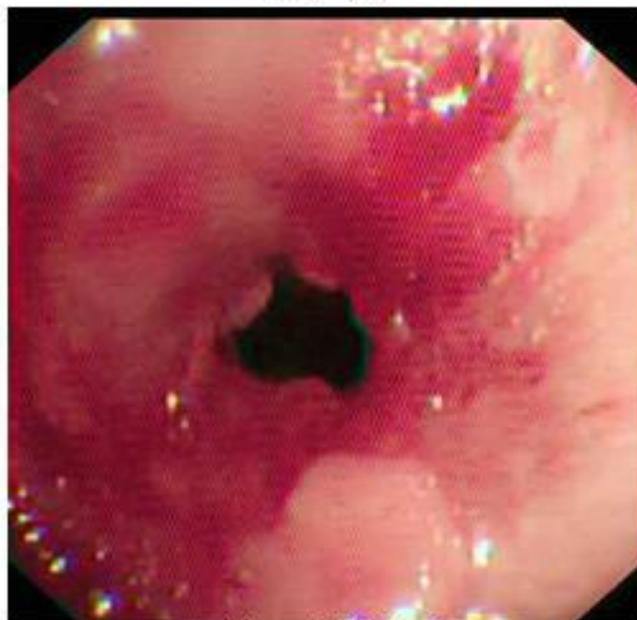
2:声门



4:气管上段狭窄



5:清理痰痂



7:清理附着痰痂



10:清理后气管镜可通过



14:清理后

鳞状上皮乳头状瘤



4: 气管上段



7: 气管上段



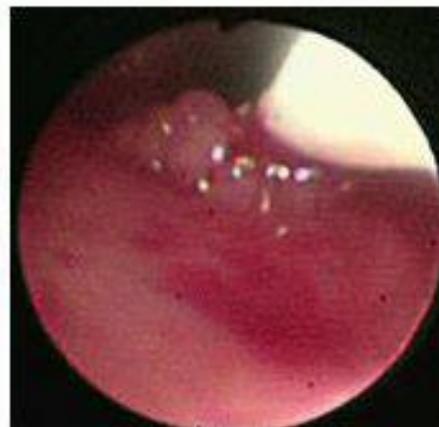
13: 气管上段圈套器切除部



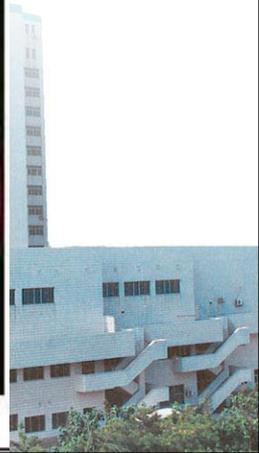
17: 隆突



19: 左主气管



30: 冷冻治疗

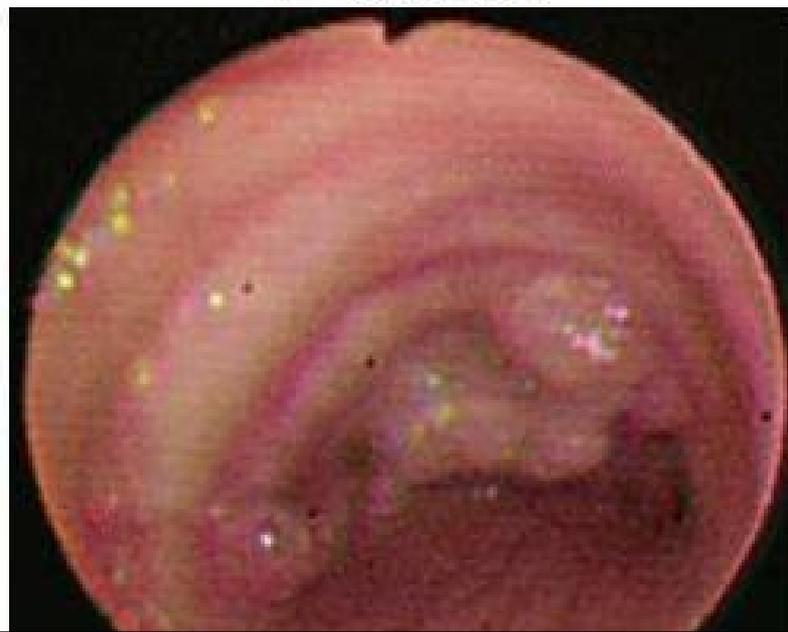




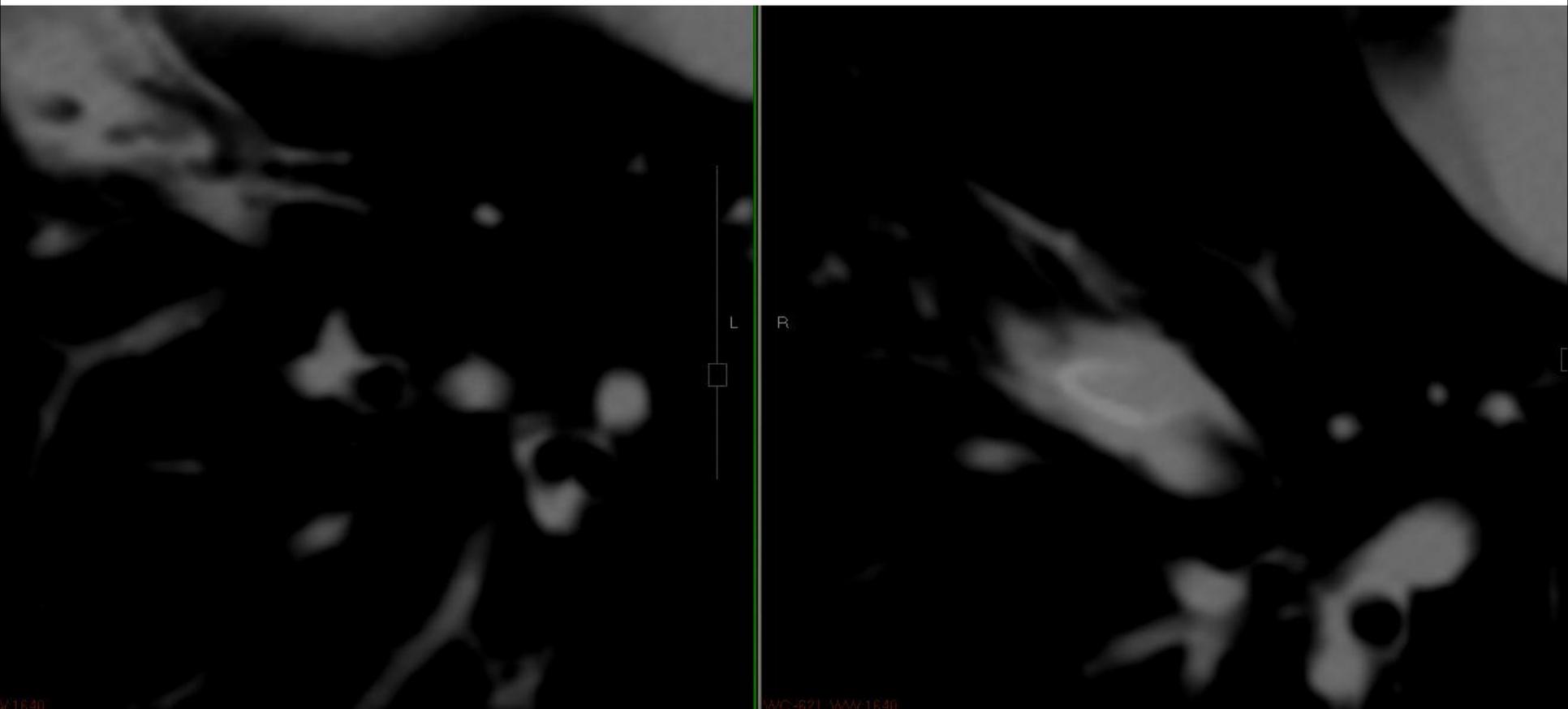
1: 气管上段



4: 气管上段







V1F40

WC-621-WWV1F40





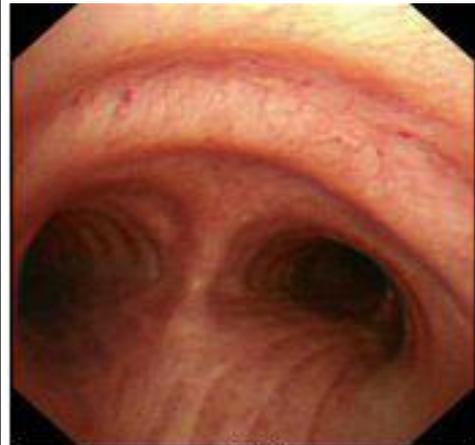
首都医科大学附属

北京友谊医院

Beijing Friendship Hospital, Capital Medical University

首都医科大学

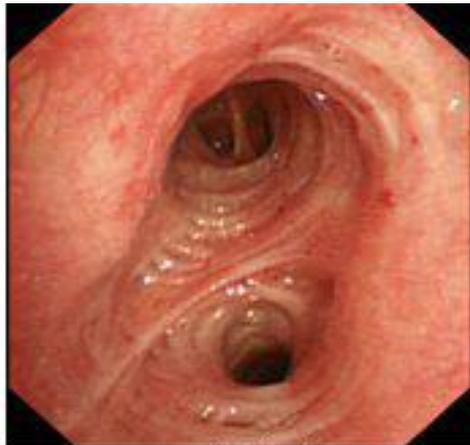
Capital Medical University



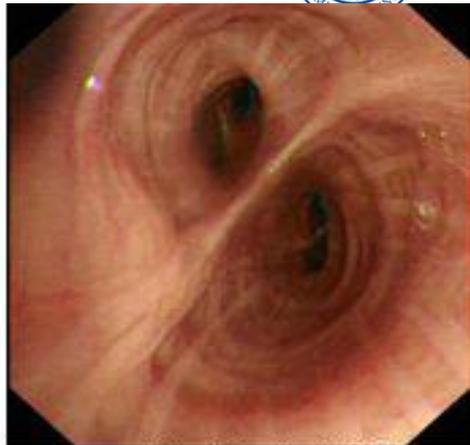
3:隆突



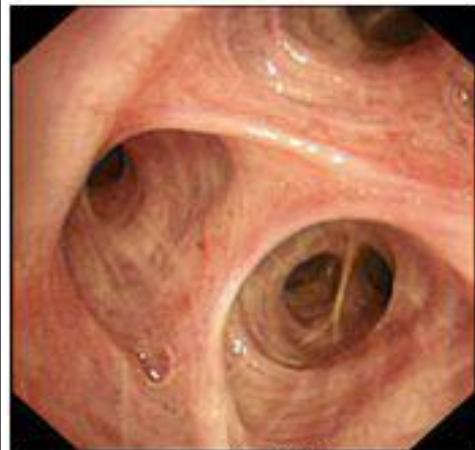
4:左主气管



5:左上叶



9:左下叶基底段



12:右上叶



13:右中间段



19:右下叶前基底段



23:异物



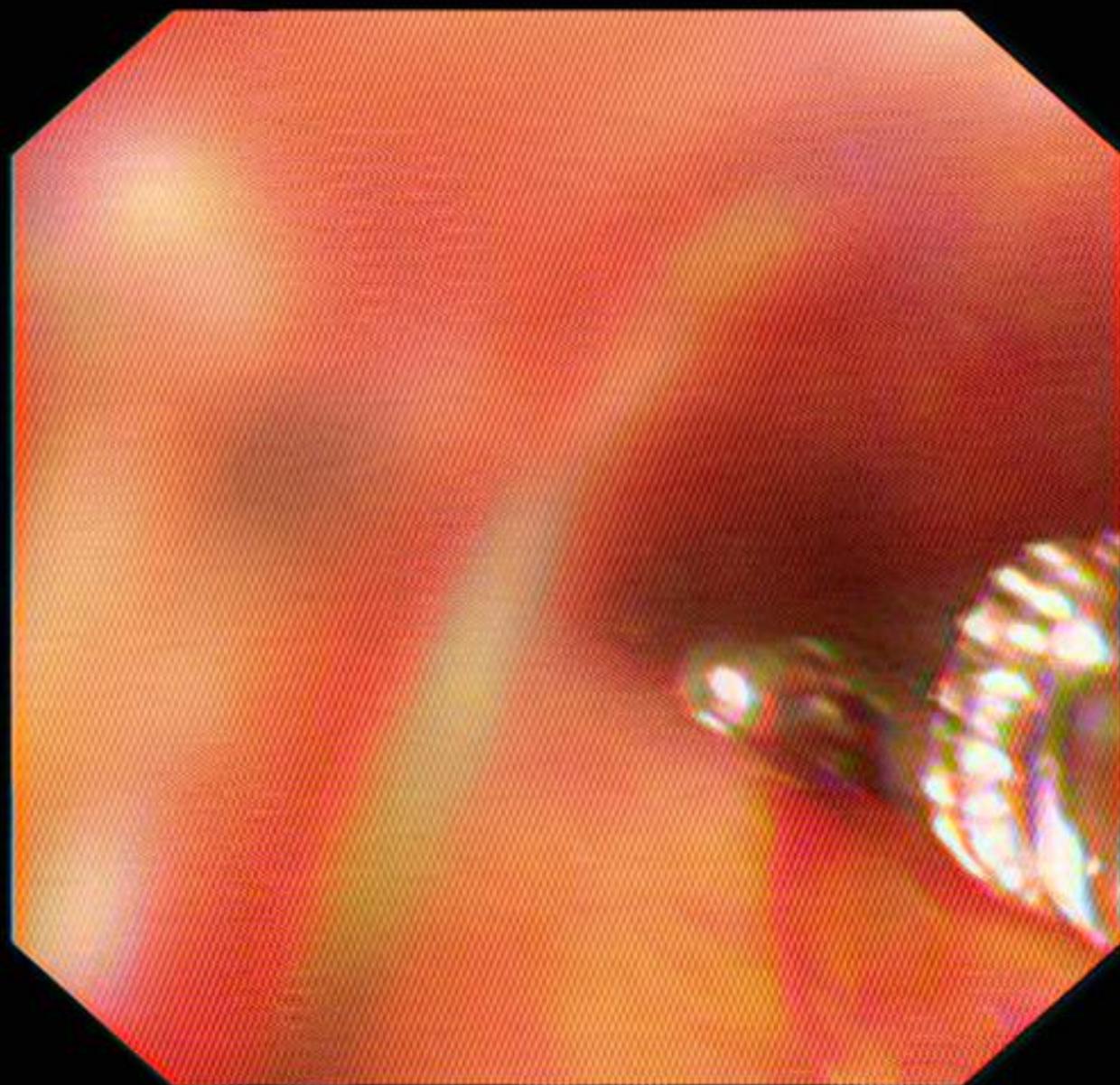
HUANG
DONG JIAO
F 68

28-06-2016
10:18:39

SCV:4

Ct: N Eh: A3
Ce: 0

NYL



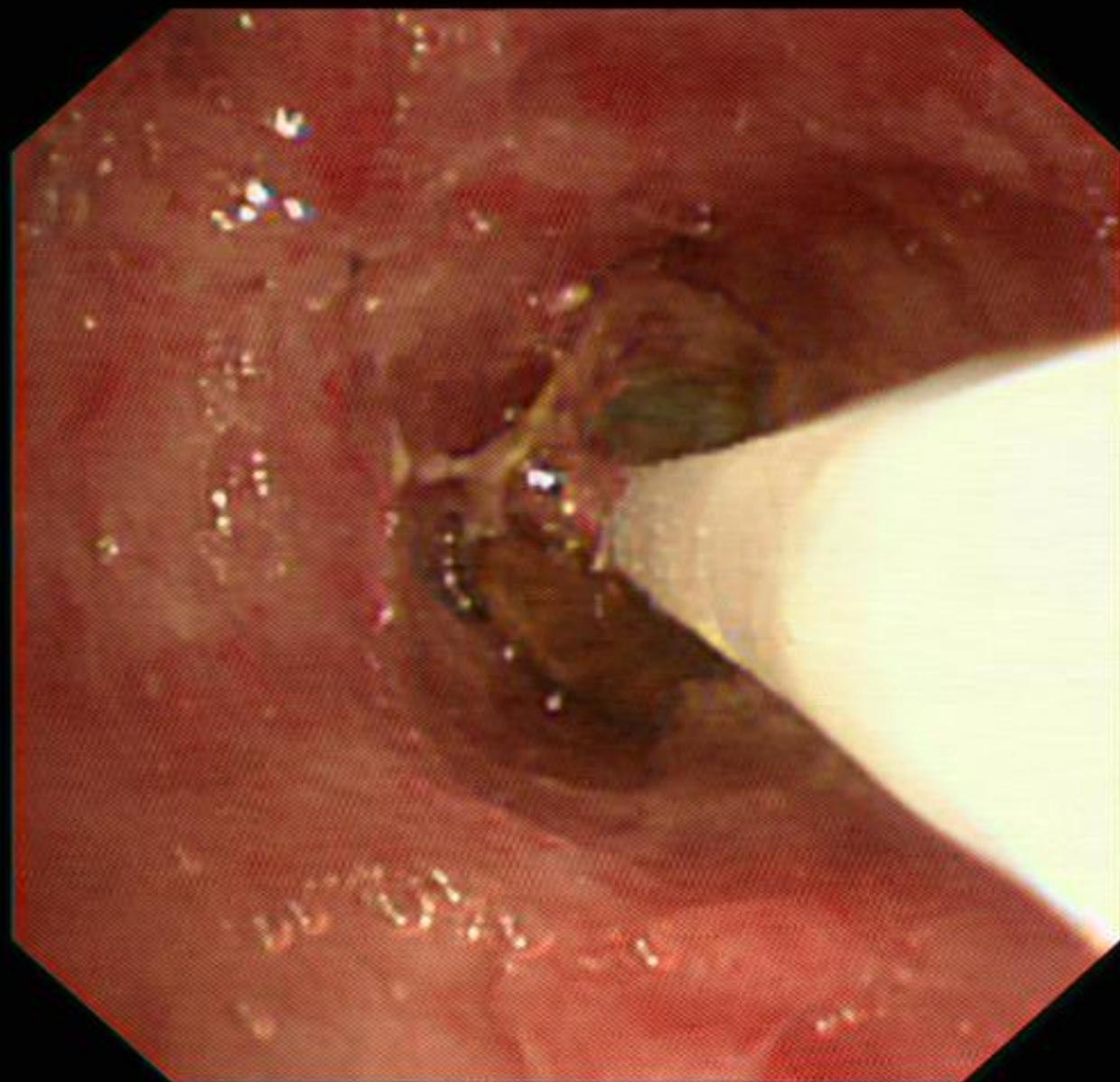
HUANG
DONG JIAO
F 68

28-06-2016
10:28:16

SCV:4

Ct: N Eh: A3
Ce: 0

NYL■





1: 隆突



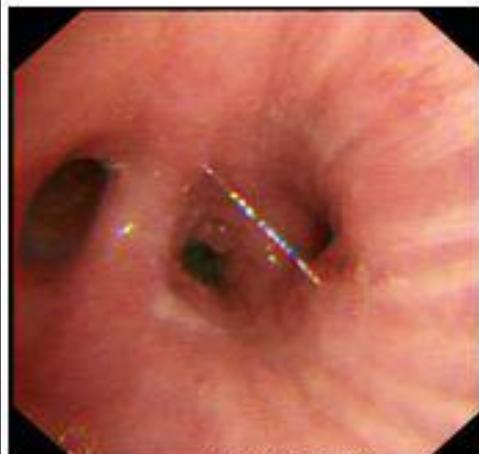
3: 左上叶



8: 左下叶背段



9: 右上叶



10: 右中间段



13: 右下叶

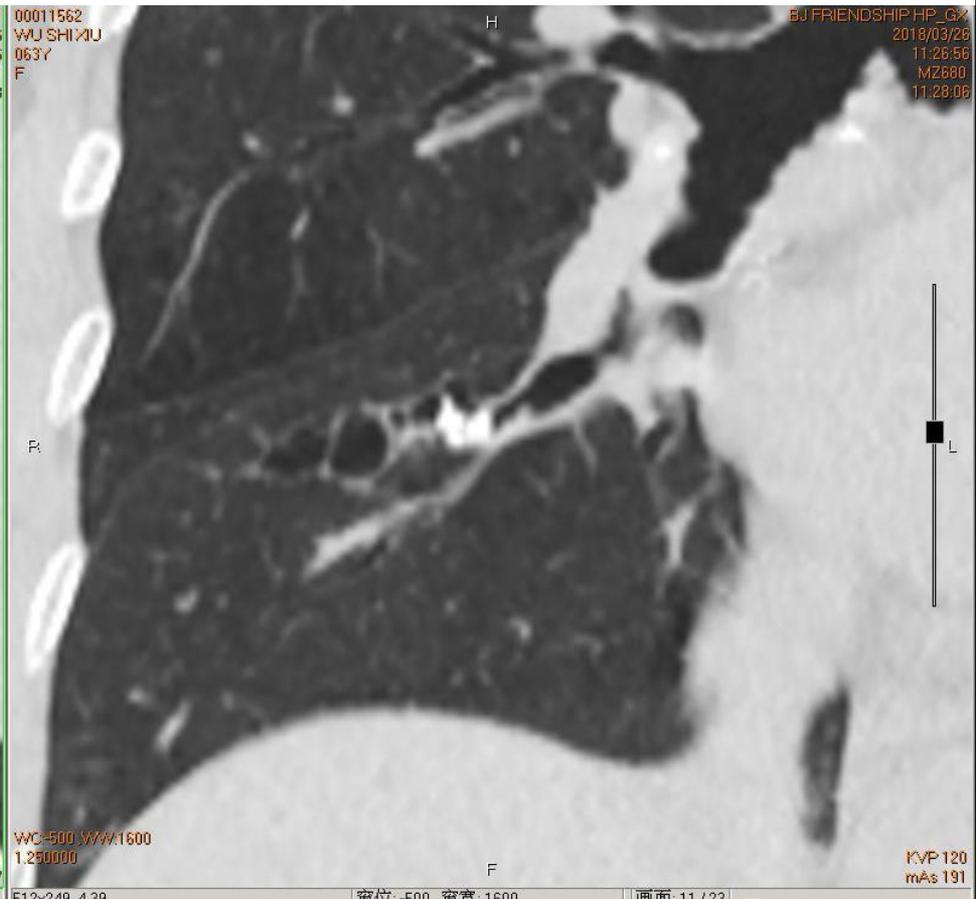
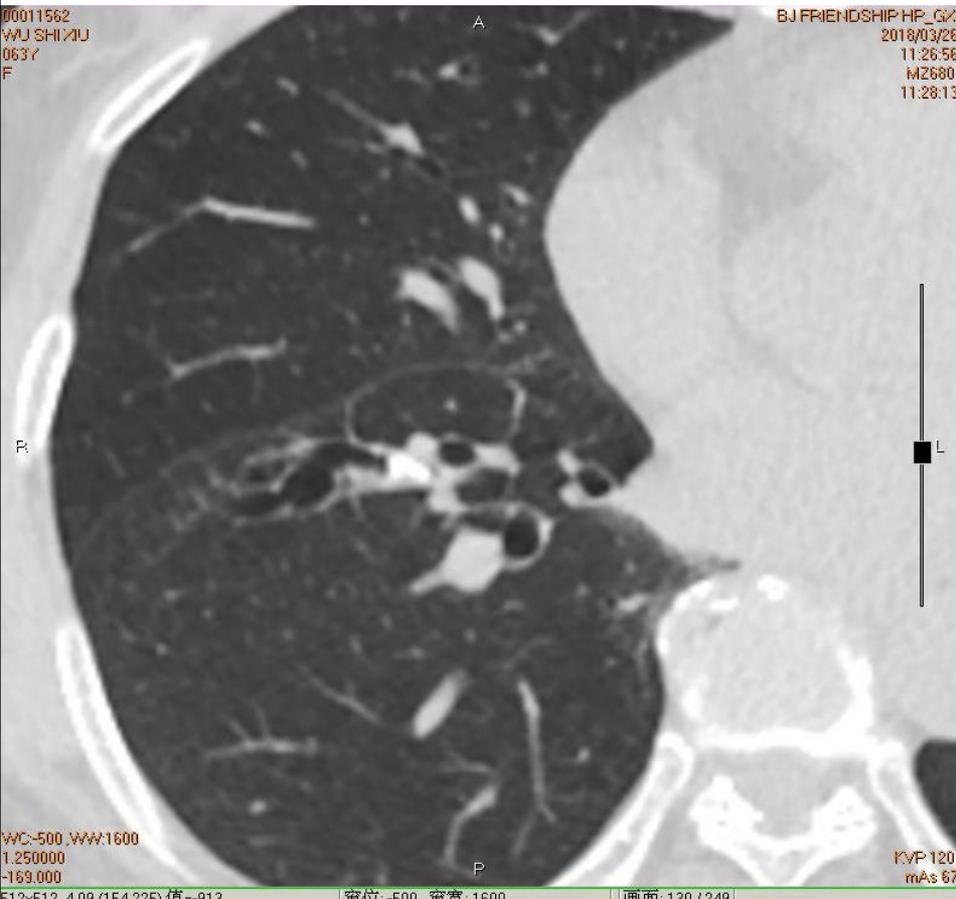


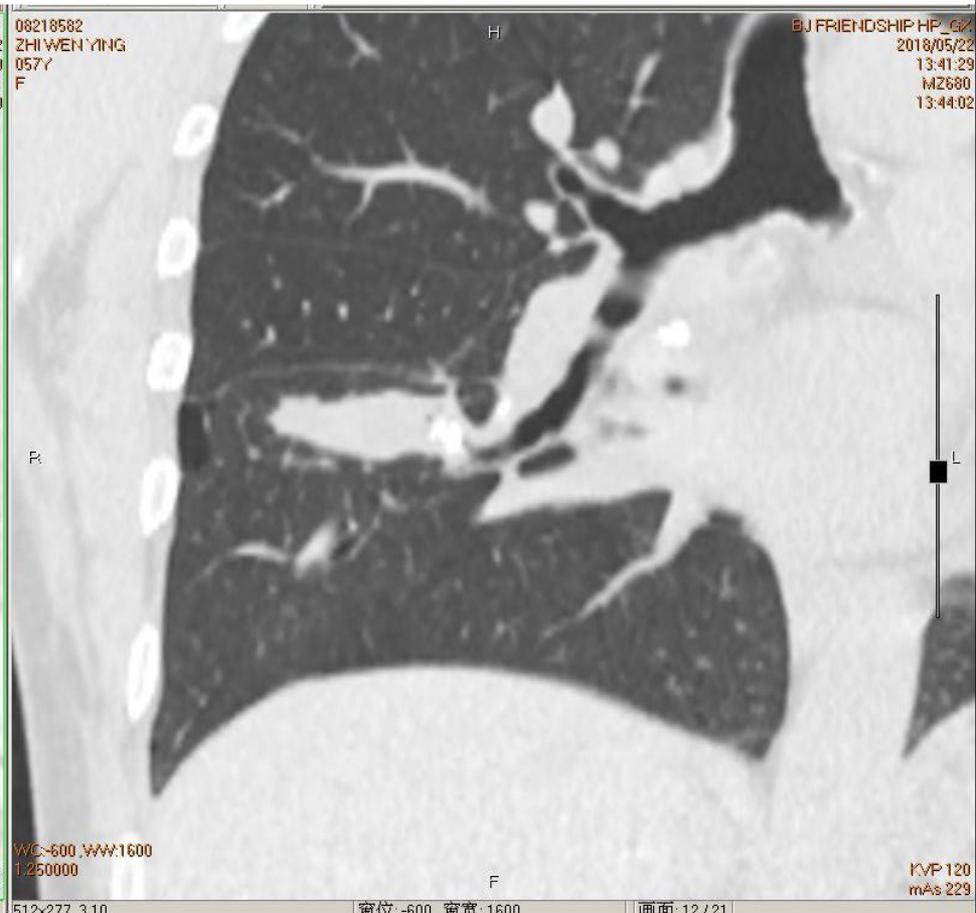
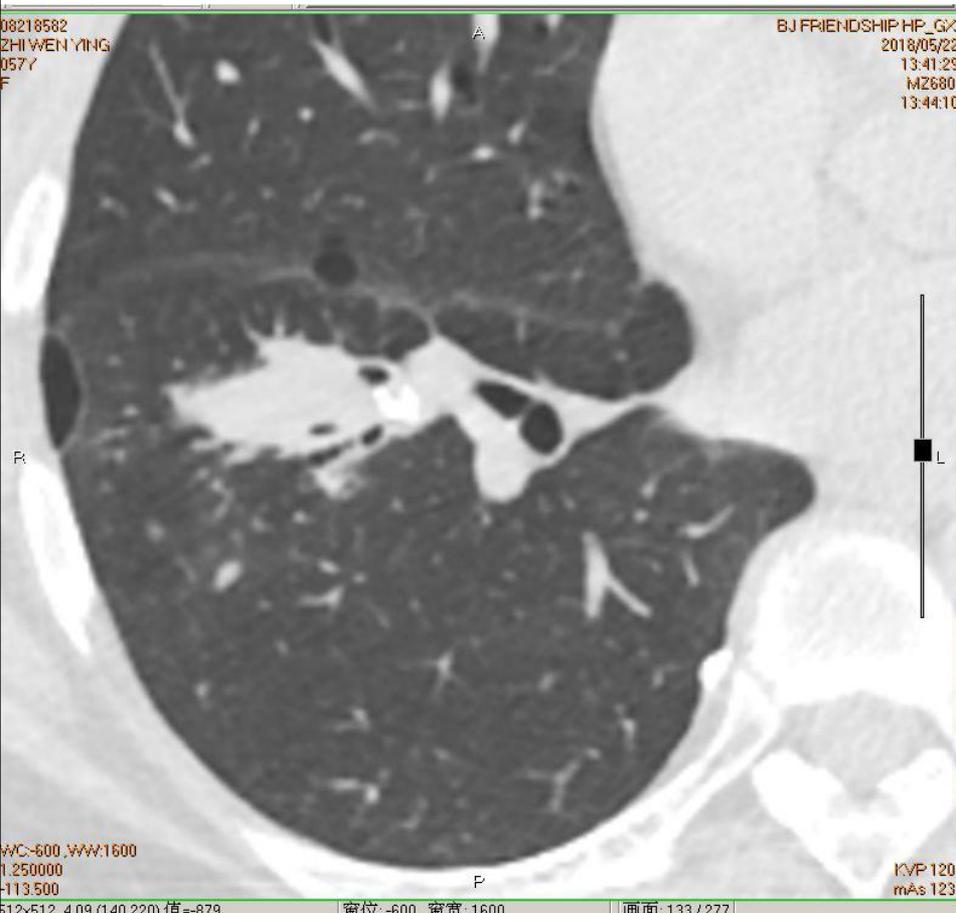
16: 右下叶基底段

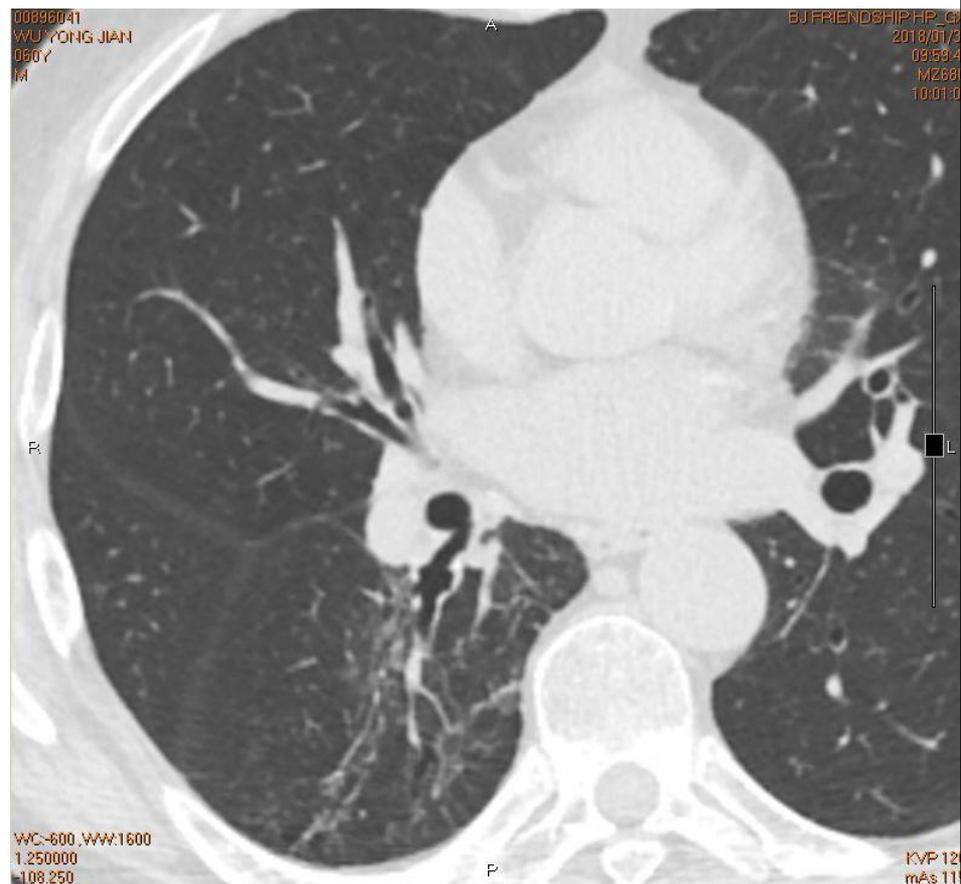
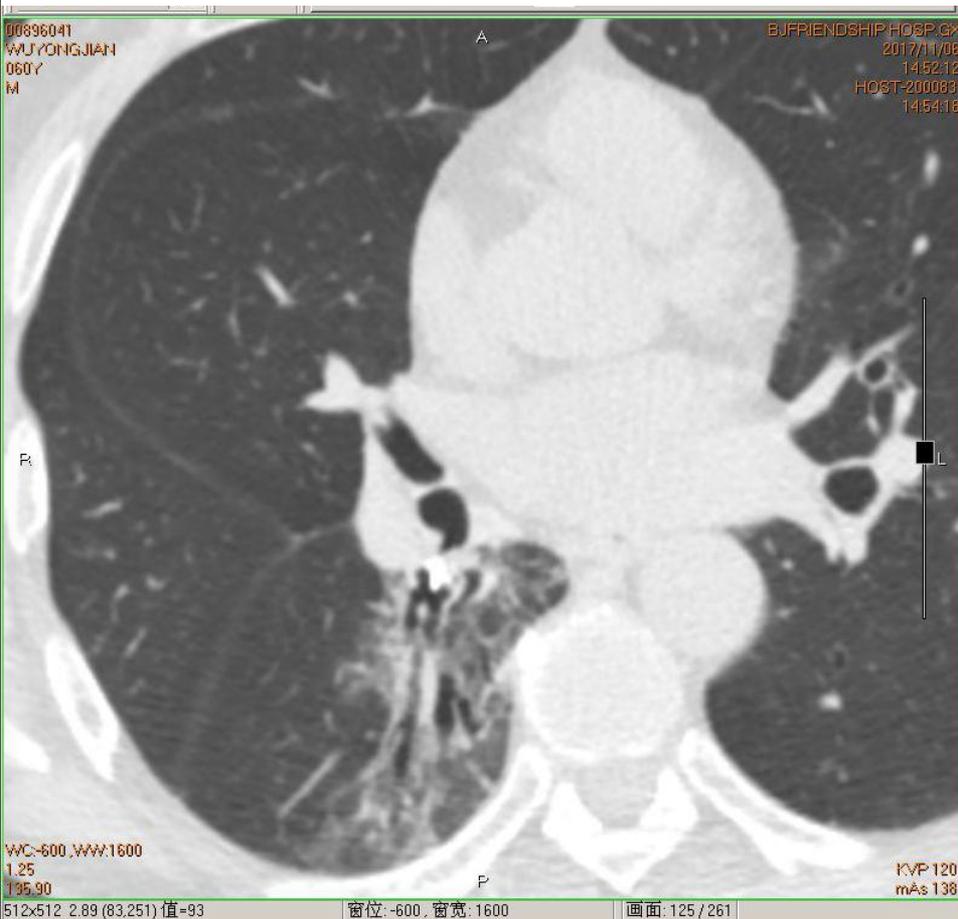


22: 21异物: 辣椒1.5cm



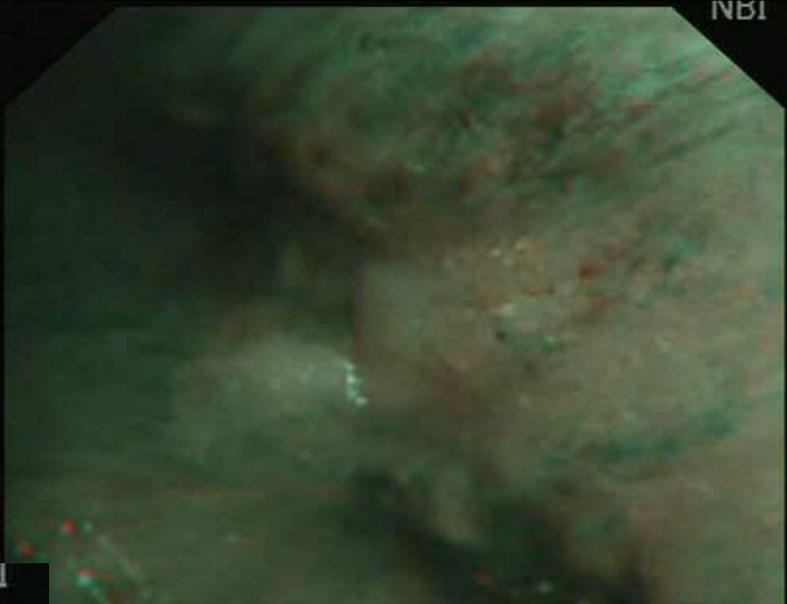






气管镜下热消融治疗

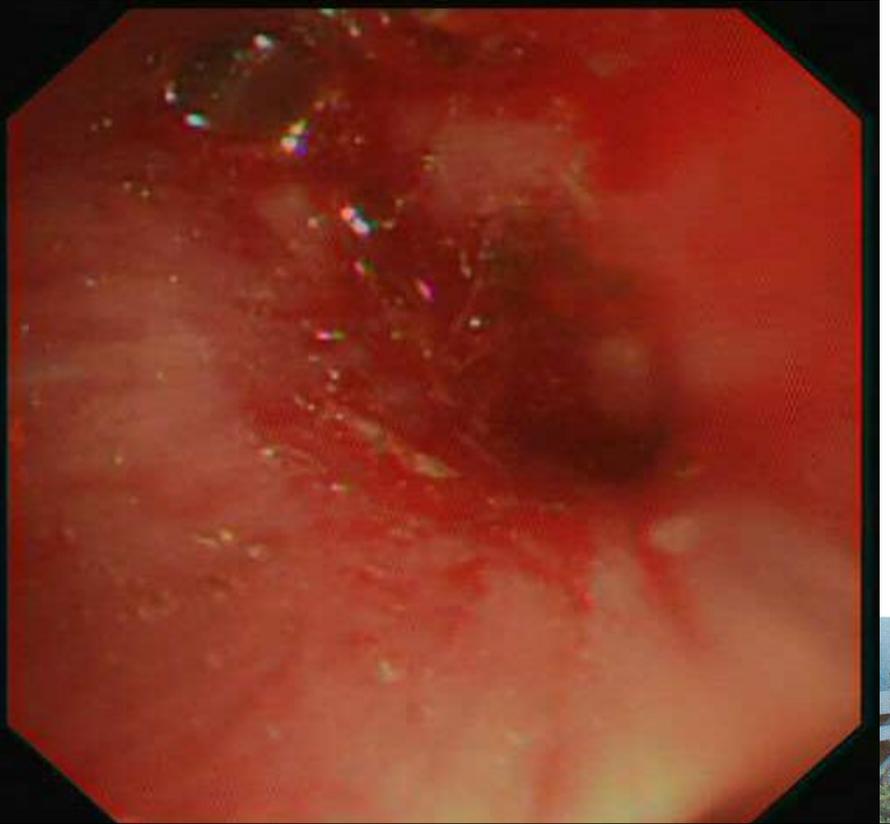


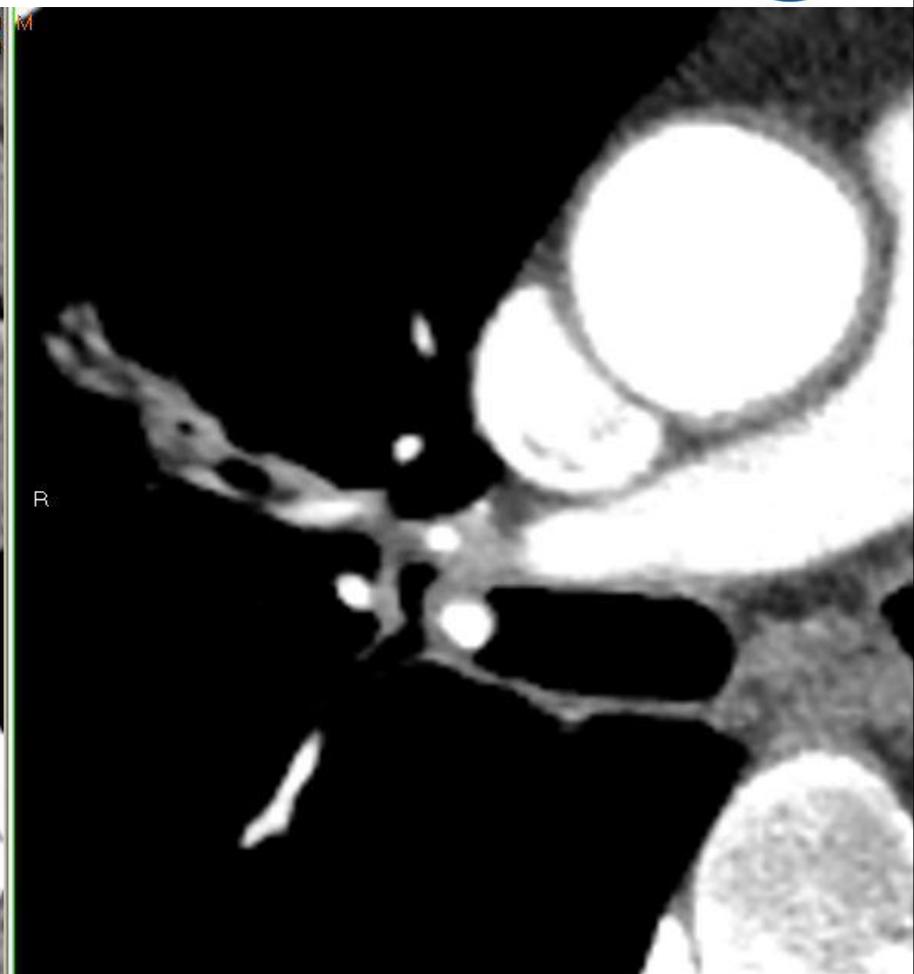


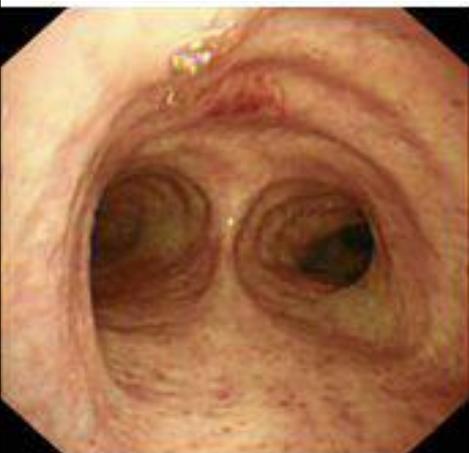
NBI



NBI







4:隆突



10:左上叶前尖后段



11:左舌叶



12:左下叶



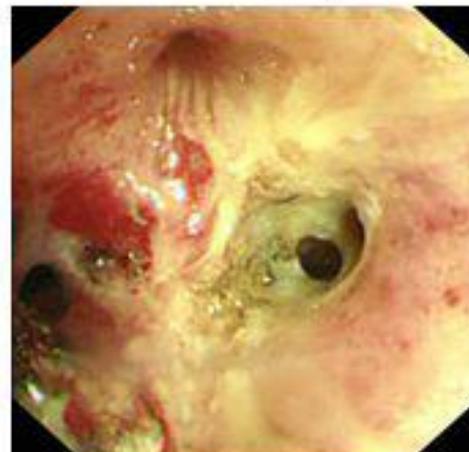
15:右上叶



19:右中间段



20:右中叶



36:右上叶肿物切除后



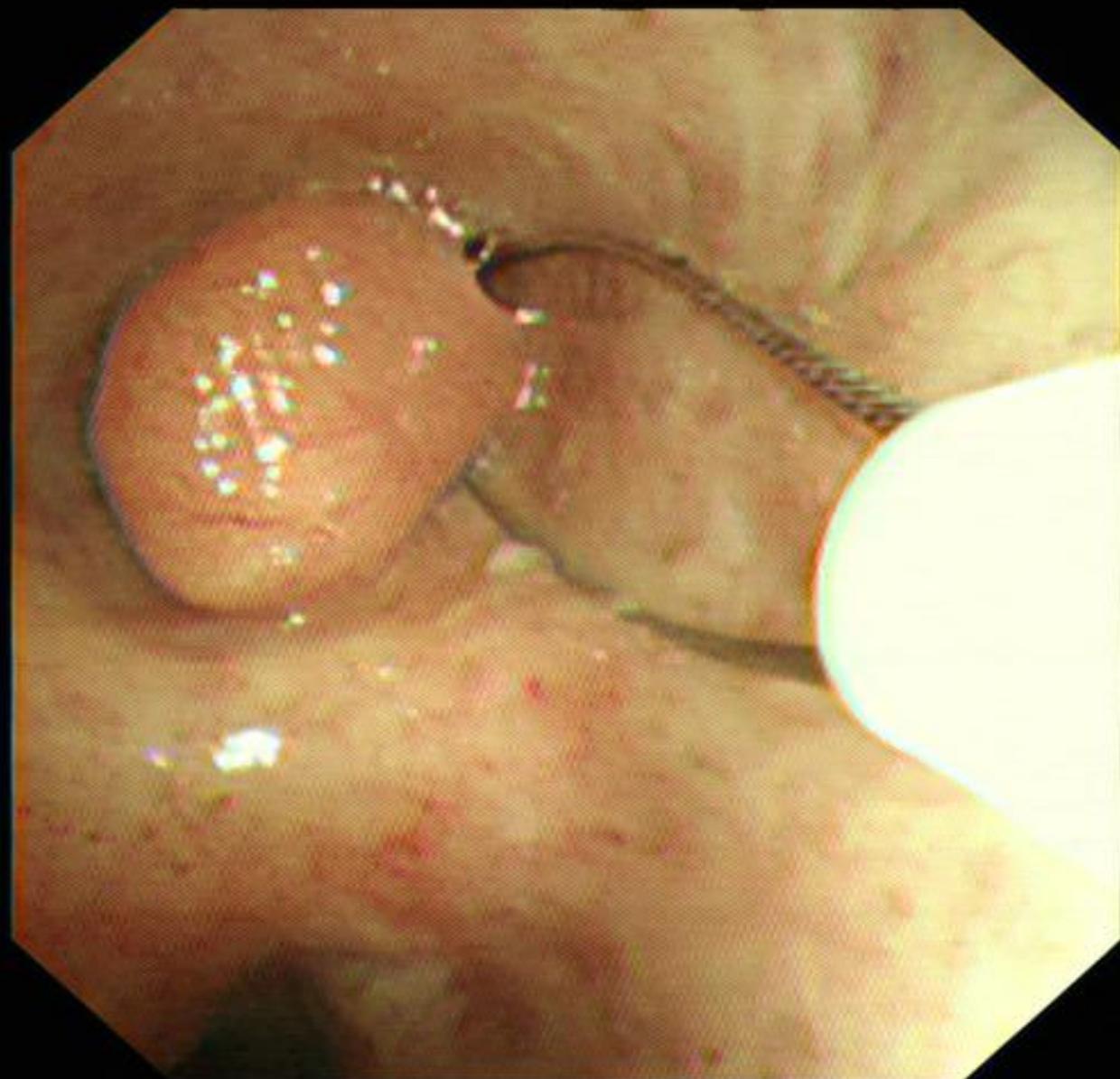
ZHAO
ZHAN XI
F 57

24-03-2016
10:34:33

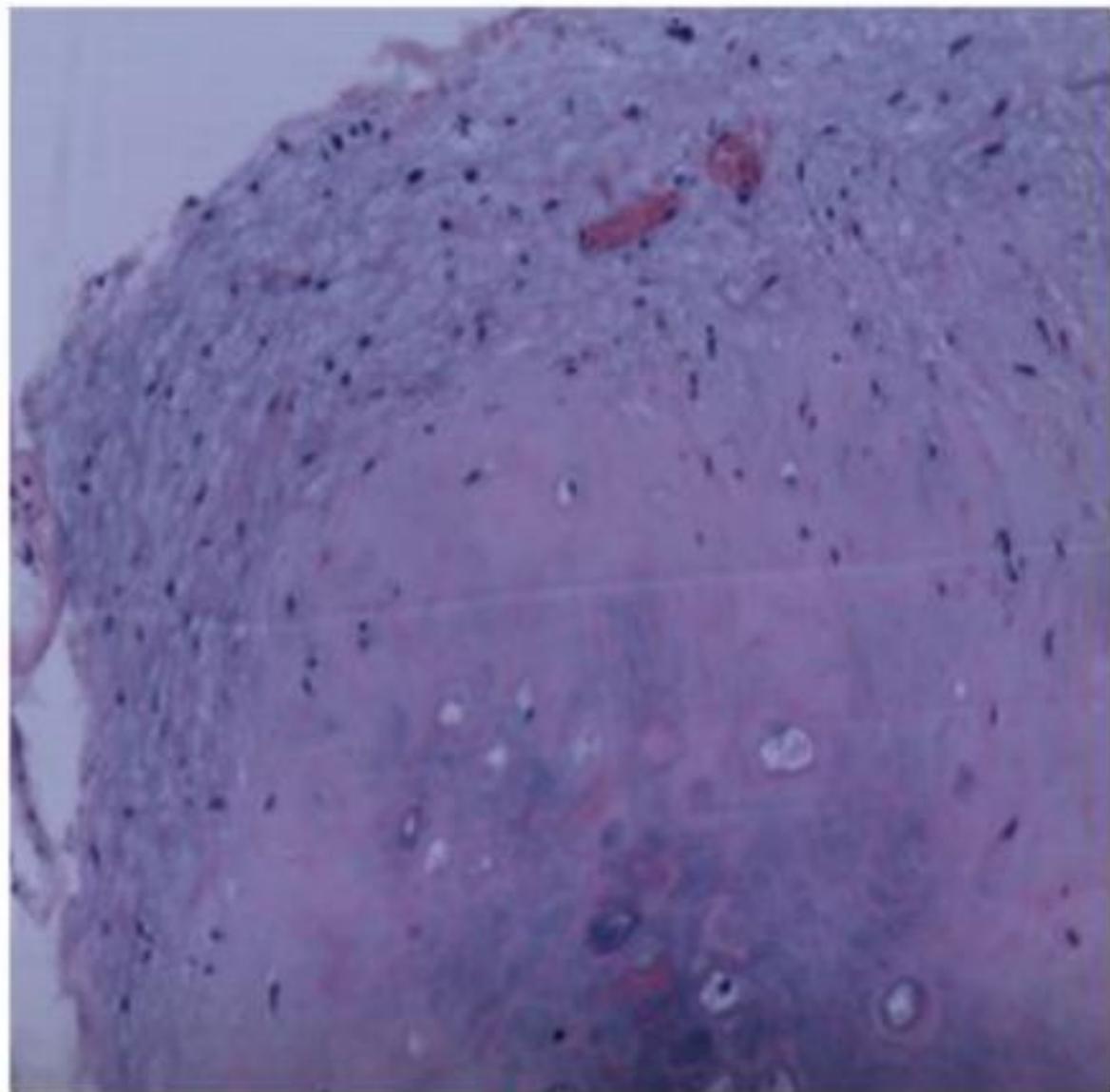
SCV:2

Ct: N Eh: A3
Ce: 0

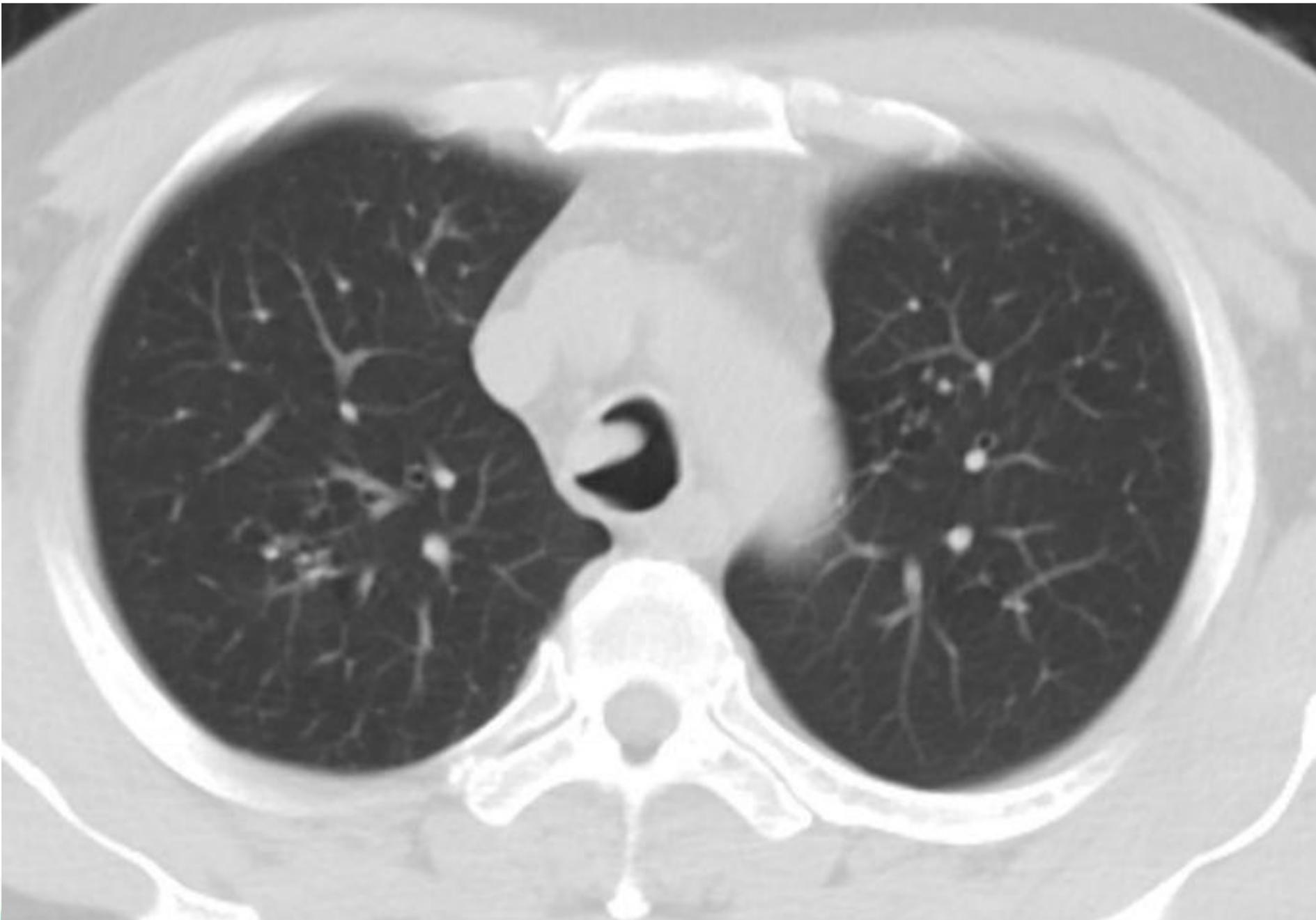
WYJ

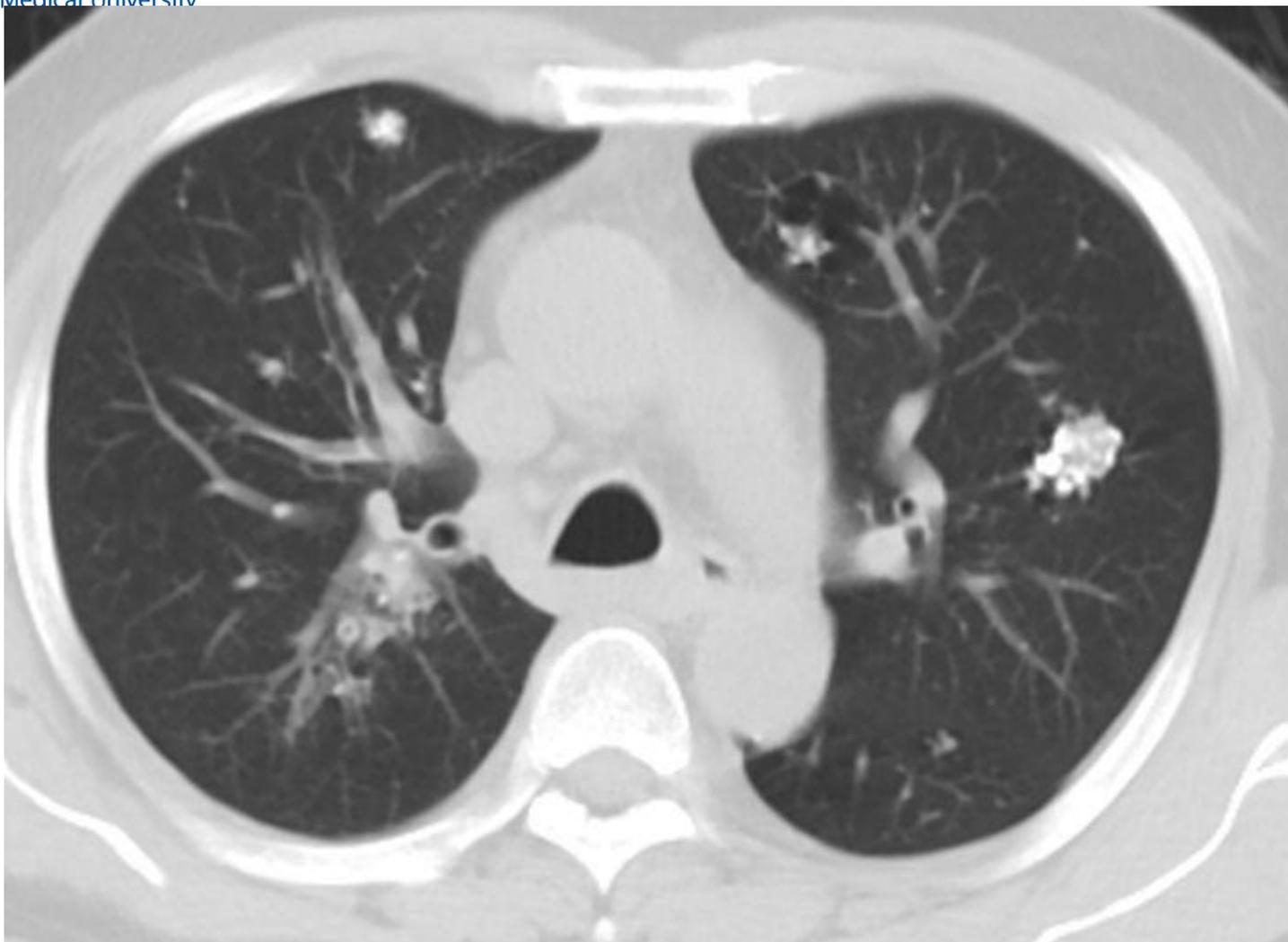


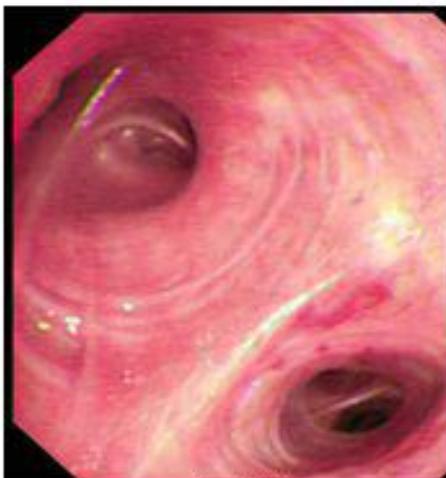




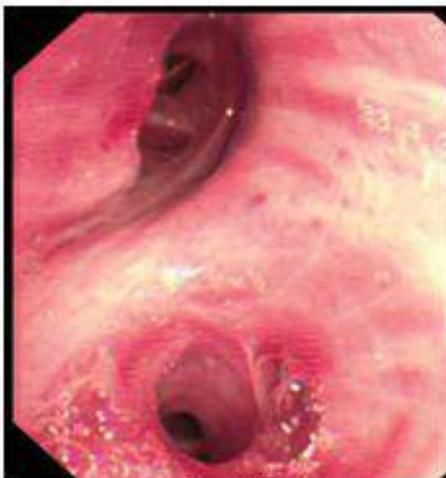
0.bmp



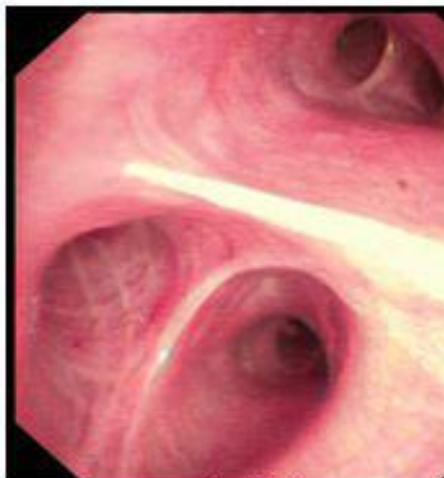




3:左上叶



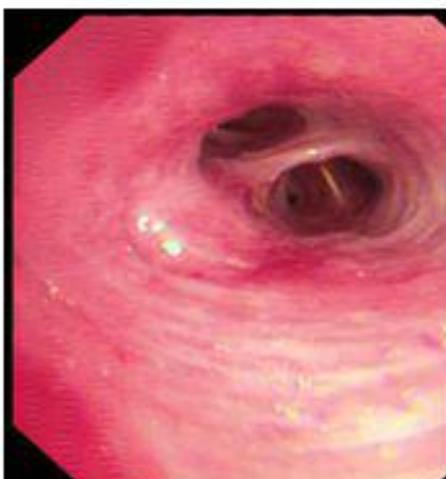
6:左下叶



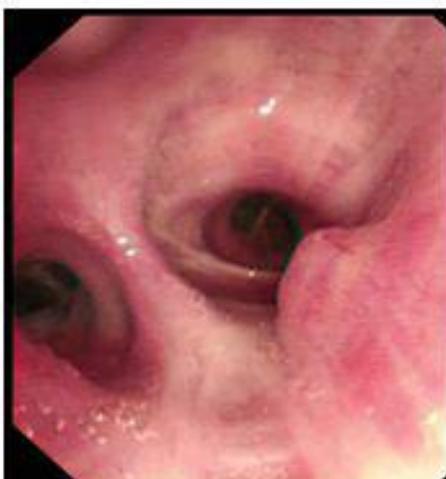
9:右上叶



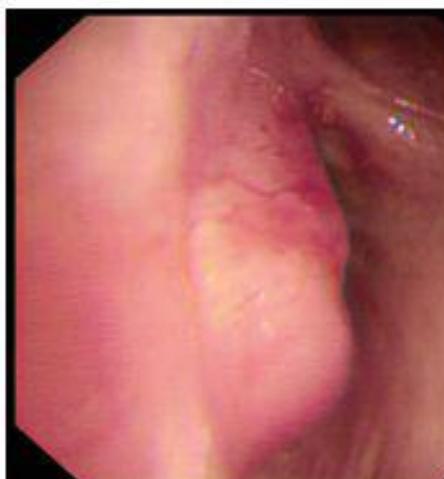
10:右中间段



11:右中叶



13:右下叶基底段



15:右总支气管



17:主气管新生物



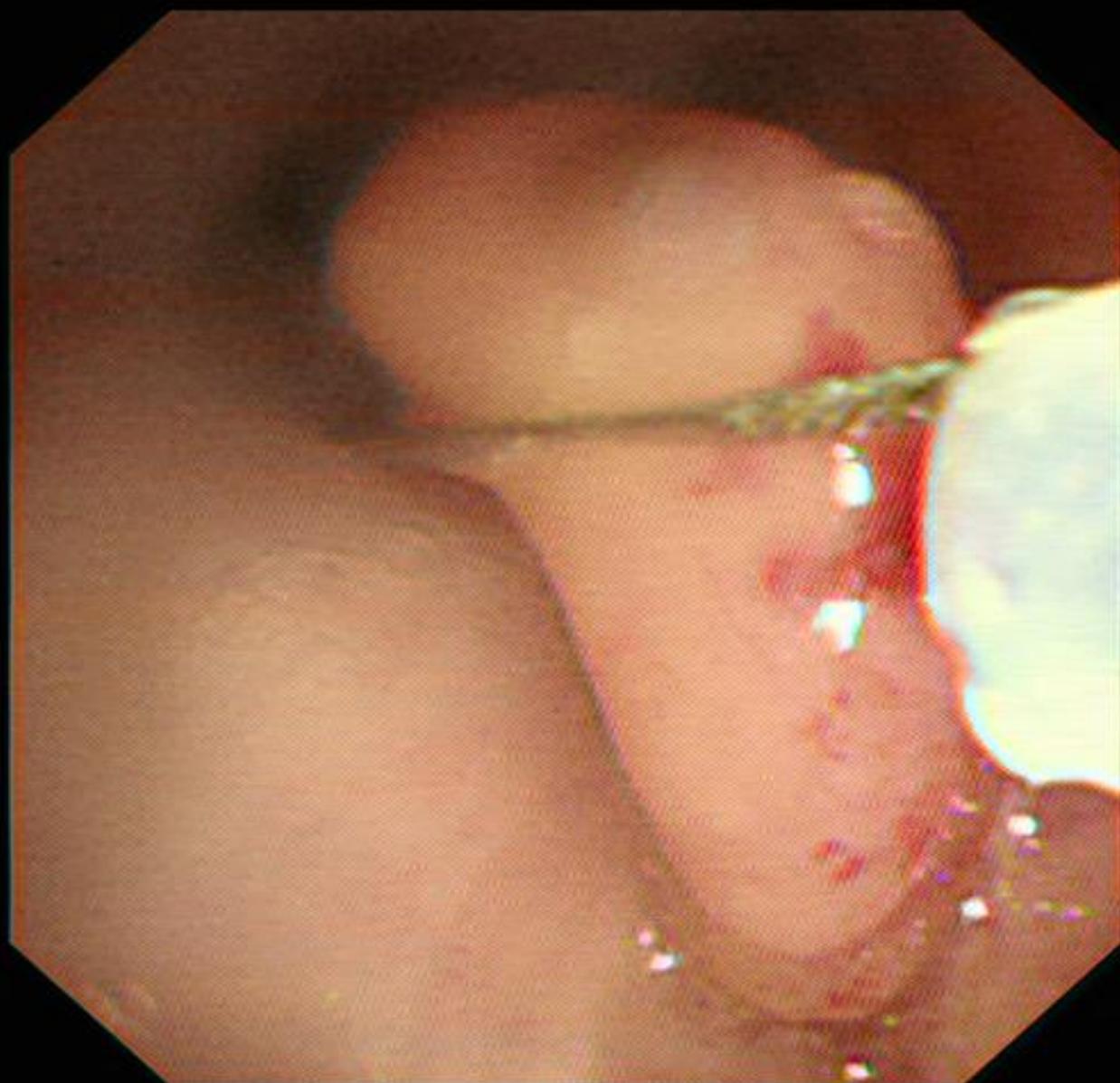
CONG
ZHEN SHENG
M 57

07-06-2016
09:52:58

SCV:4

Ct: N Eh: A5
Ce: 0

NYL



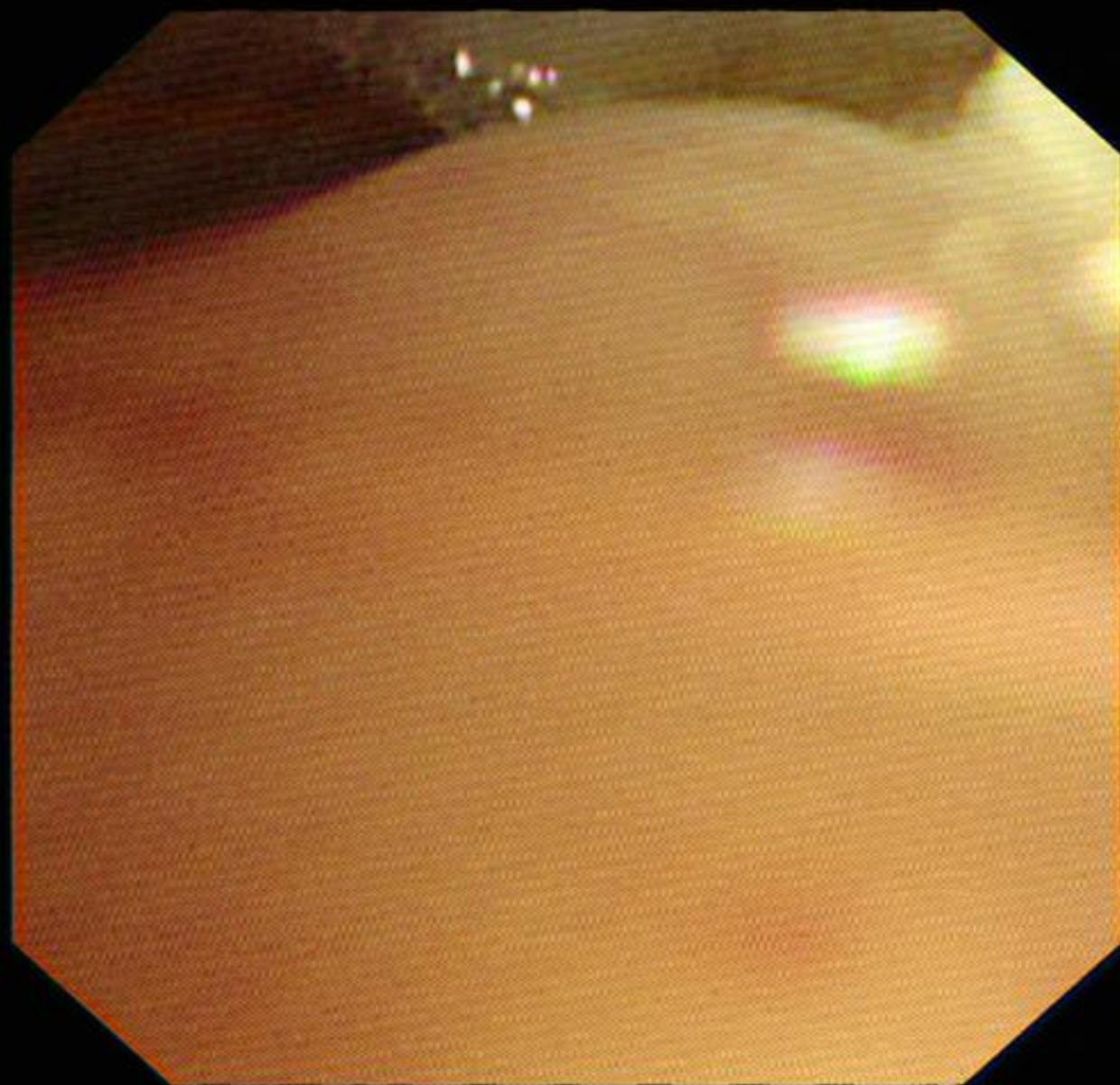
CONG
ZHEN SHENG
M 57

07-06-2016
09:55:04

SCV:4

Ct: N Eh: A5
Ce: O

NYL■



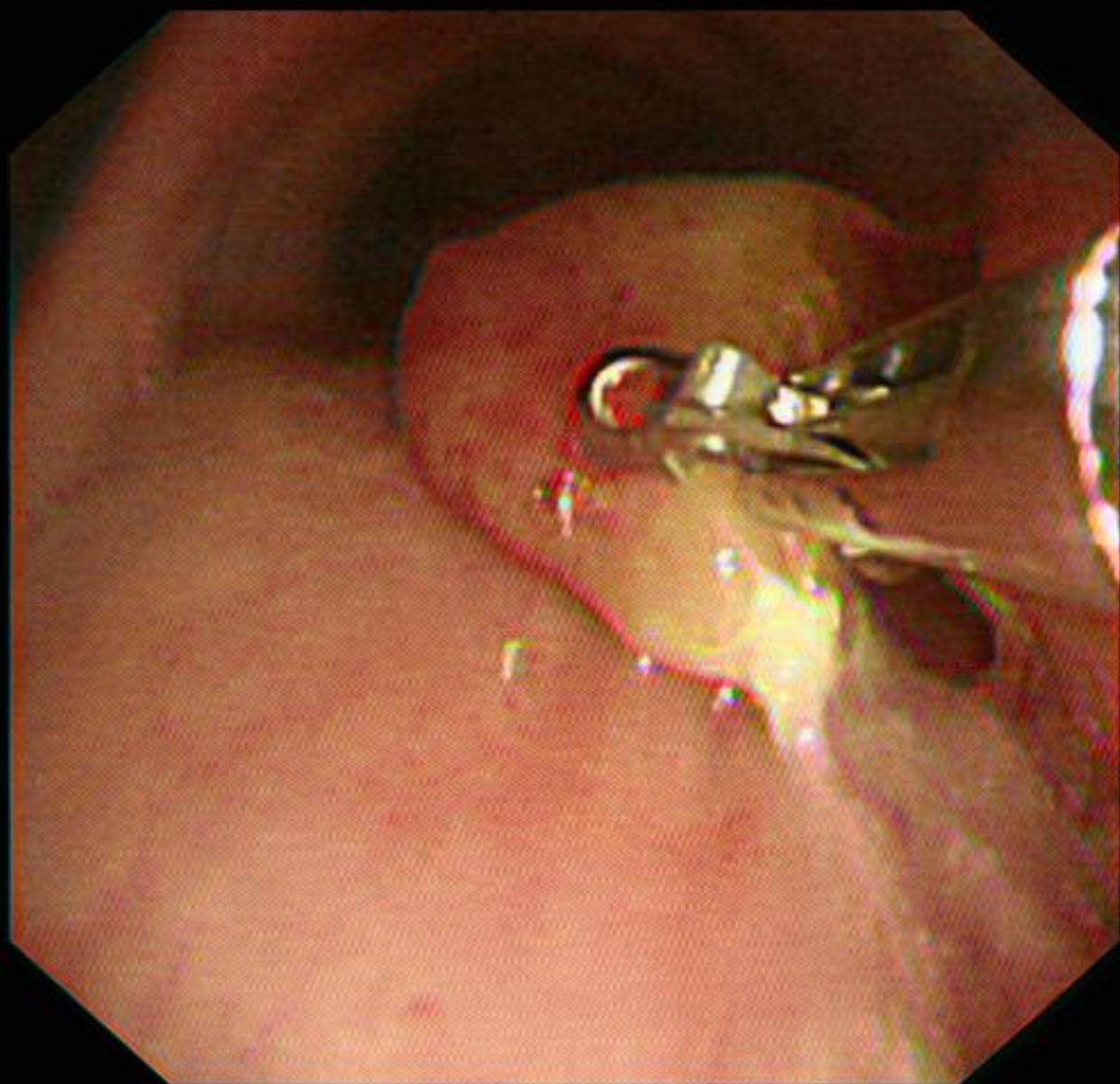
CONG
ZHEN SHENG
M 57

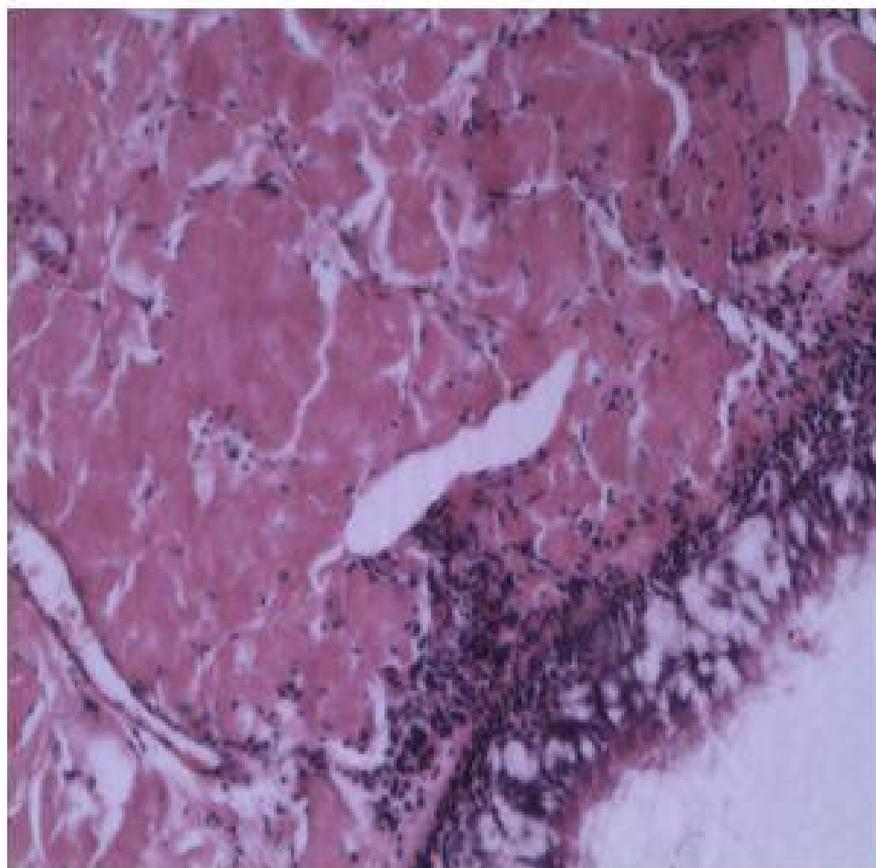
07-06-2016
09:55:47

SCV:4

Ct: N Eh: A5
Ce: 0

NYL■





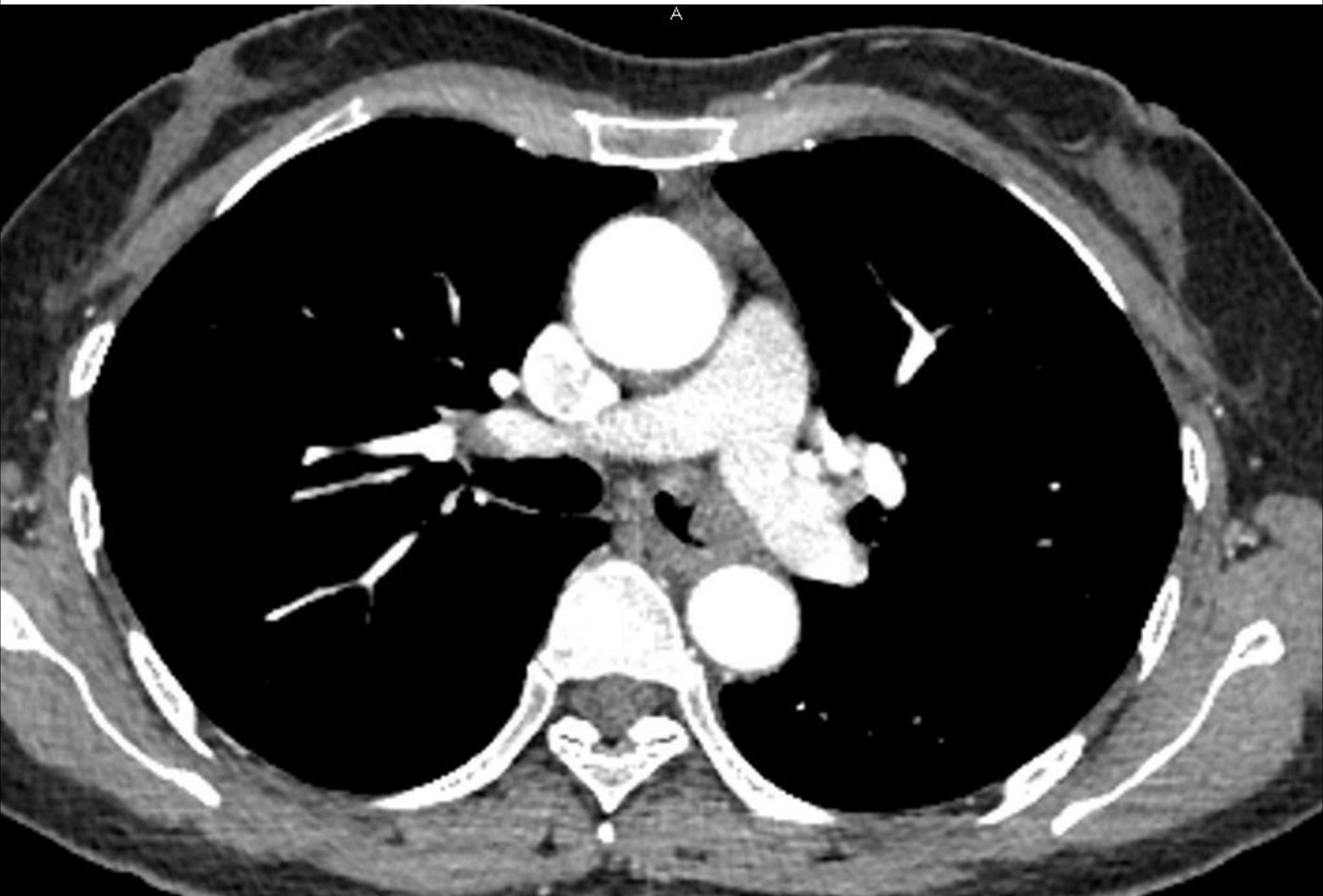
0.bmp

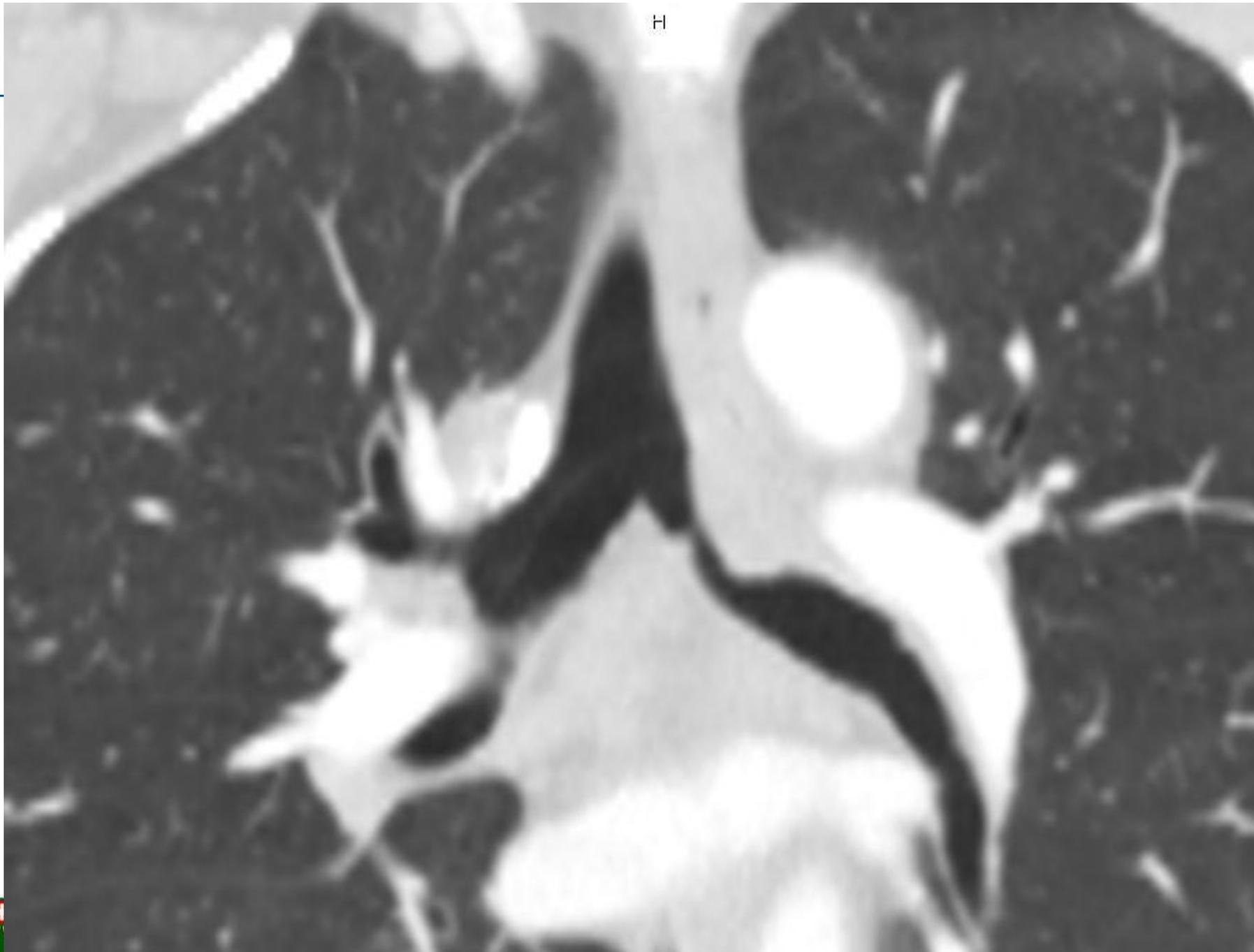
断意见:

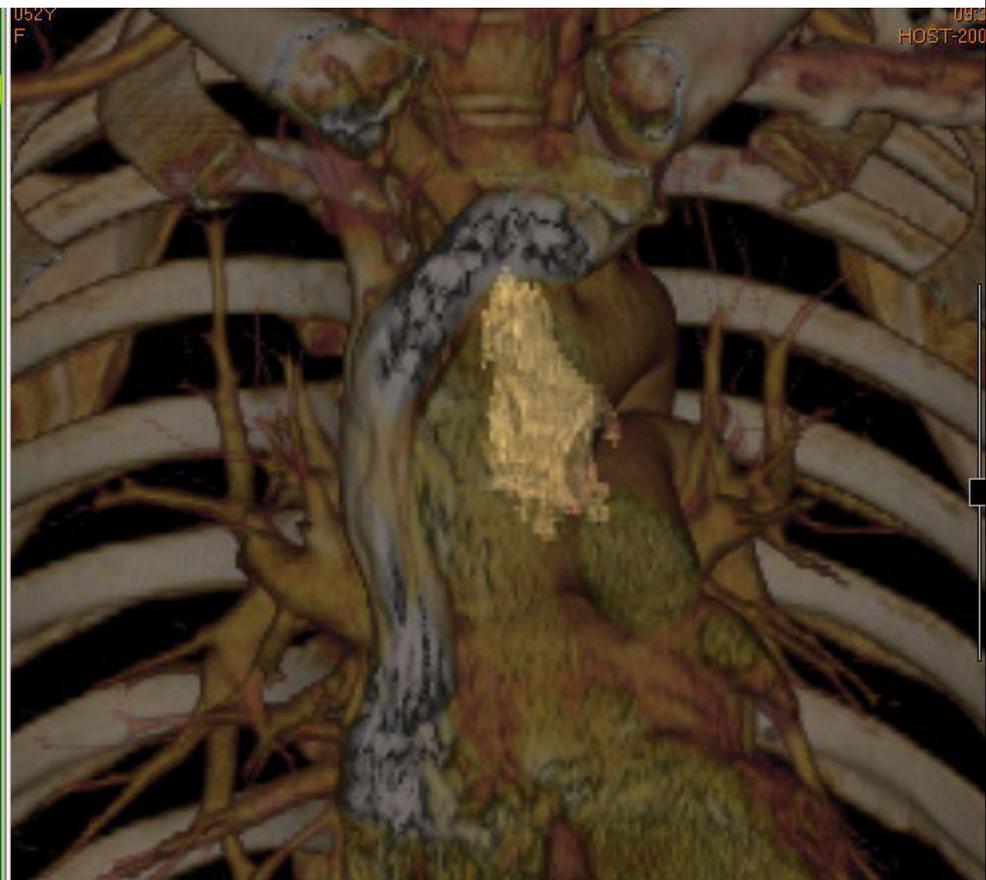
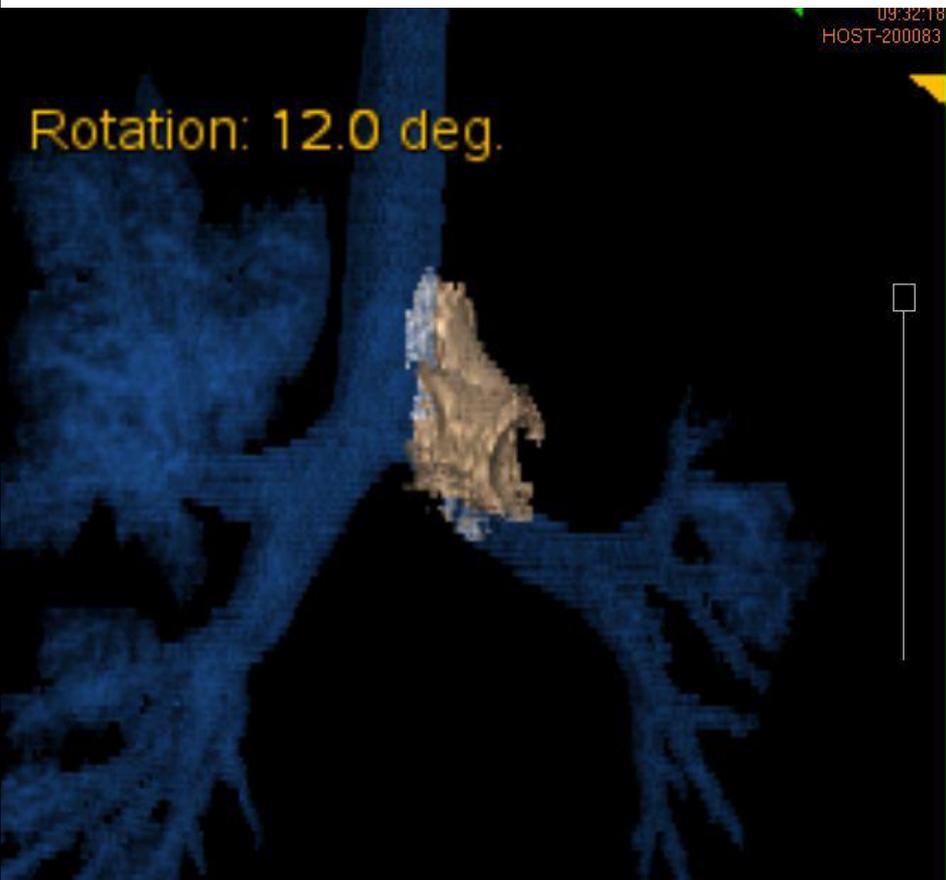
(气管活检)被覆假复层纤毛柱状上皮之粘膜组织 (1.2x1x0.5cm)，上皮下见多量均匀粉染物质，
殊染色：刚果红阳性，符合淀粉样变性。



A









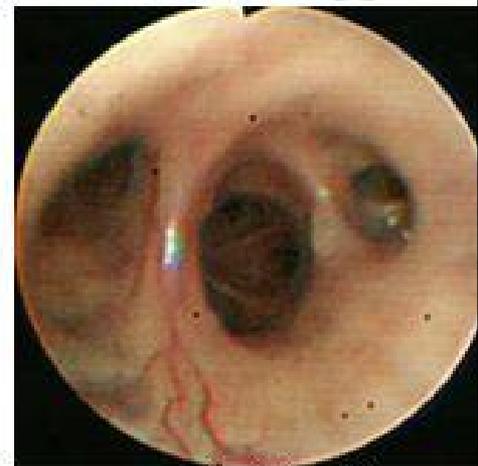
2:隆突



4:左主气管



5:右上叶



6:右中间段



11:左主气管



12:左上叶



15:左下叶



21:左主气管肿物部分切除

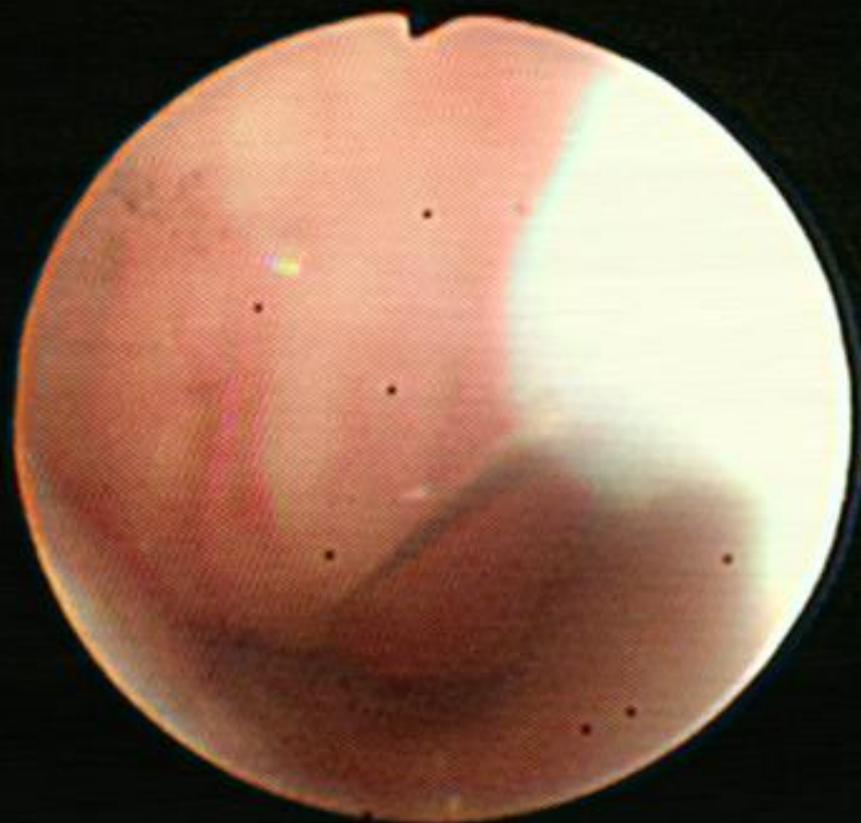


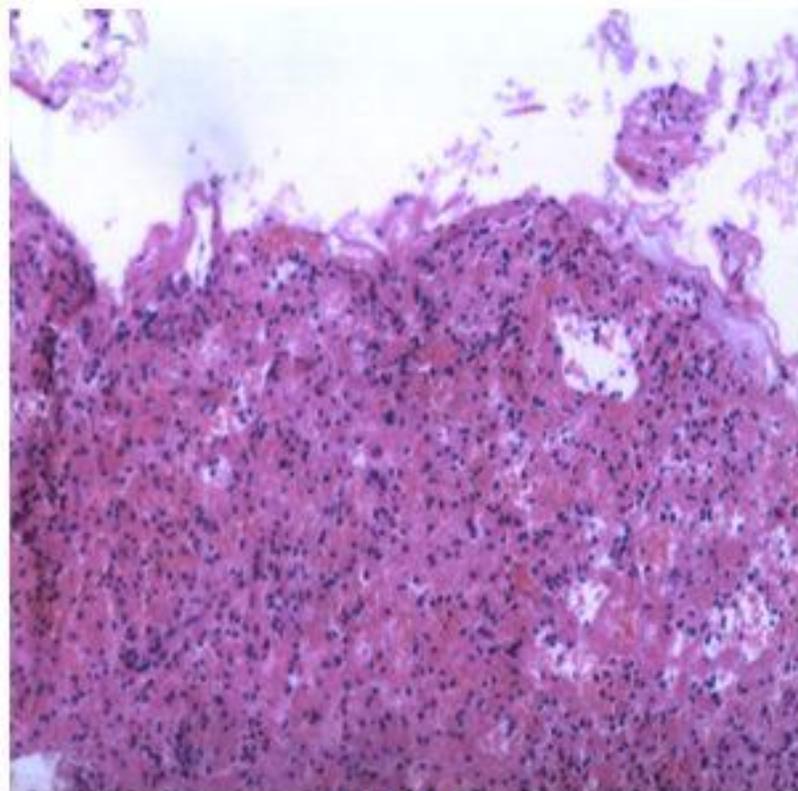
LI
YUAN SHENG
M 58

29-03-2016
09:54:08

SCV:2

Ct: N Eh: A3
Ce: 0





0.bmp

诊断意见:

(支气管镜活检)灰白色软组织一堆,直径1cm。镜下病变由胞浆丰富、嗜酸性细胞构成,细胞核圆形、椭圆形,异型性不明显,夹杂少量炎细胞,未见明确被覆上皮。结合形态学及免疫组化结果不排除颗粒细胞瘤。免疫组化:CK-,CK5/6-,P63-,TTF1-,NapsinA-,CgA-,Syn-, CD56-,S-100+, Ki-67指数约5%。





1:隆突



2:右上叶



4:右中叶



6:右下叶基底段



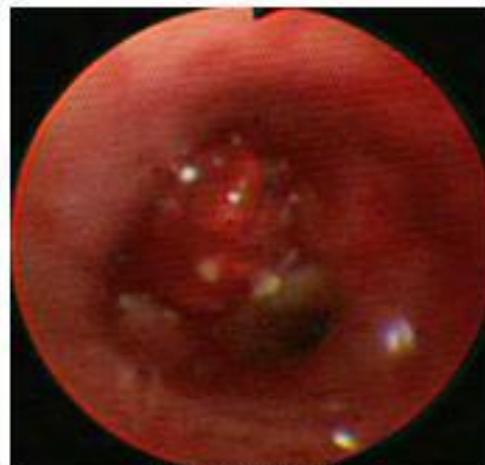
8:左总支气管



9:左上叶新生物



13:左下叶基底段



18:左舌叶



LIU
JUN YING
F 48

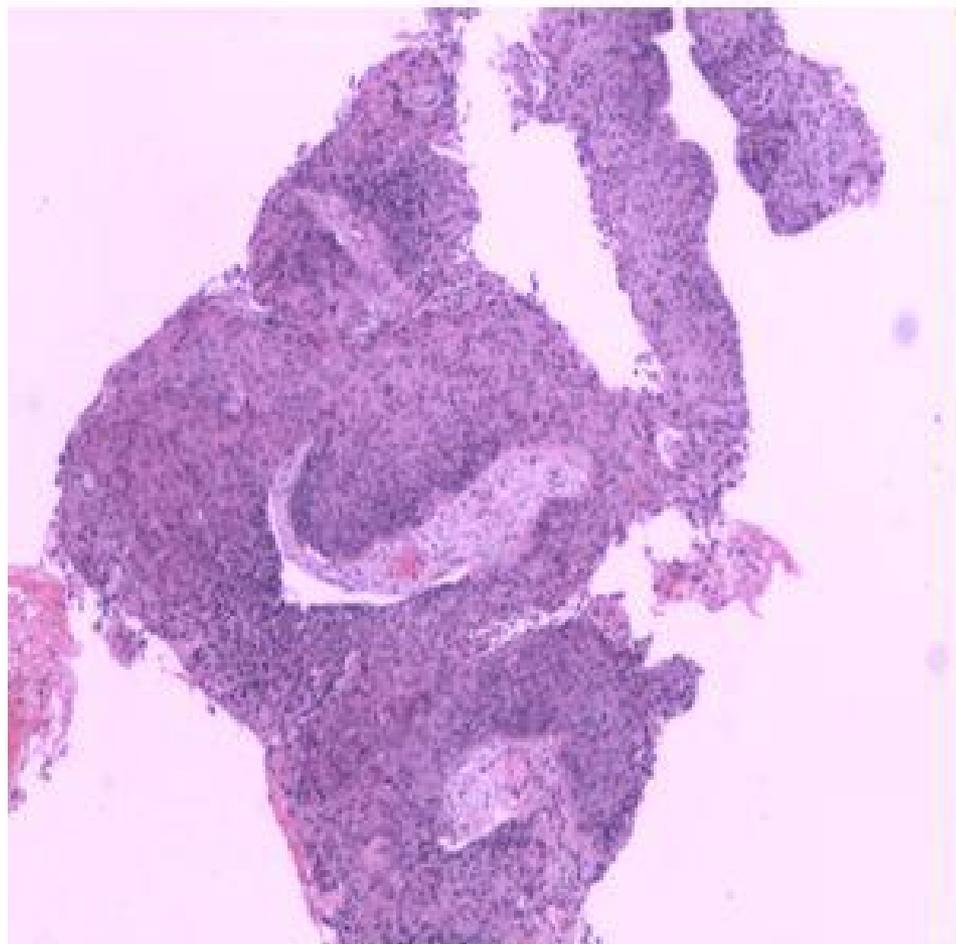
09-08-2016
09:49:03

SCV:4

Ct: N Eh: A 1
Ce: 0

NYL■



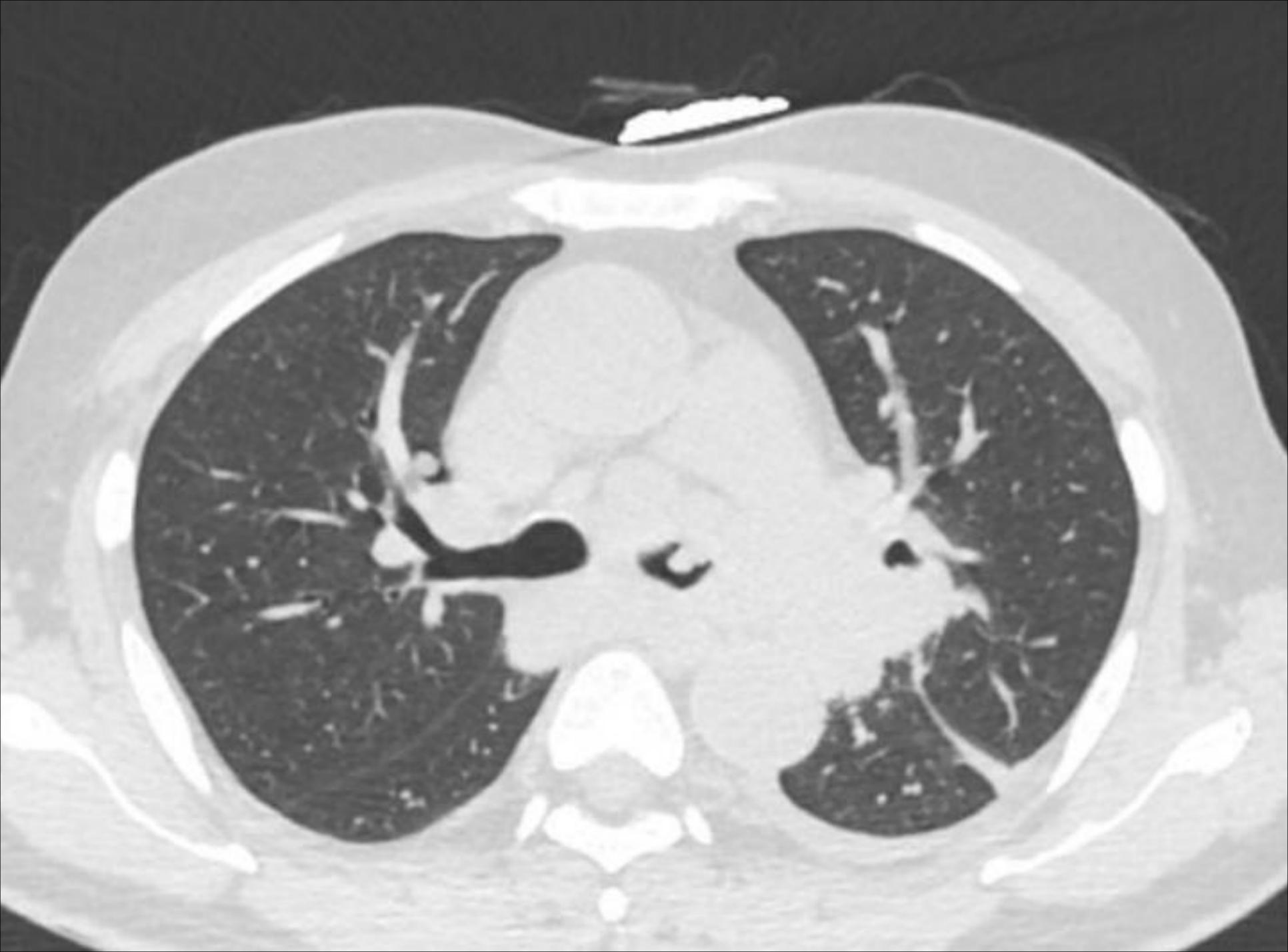


0.bmp

诊断意见:

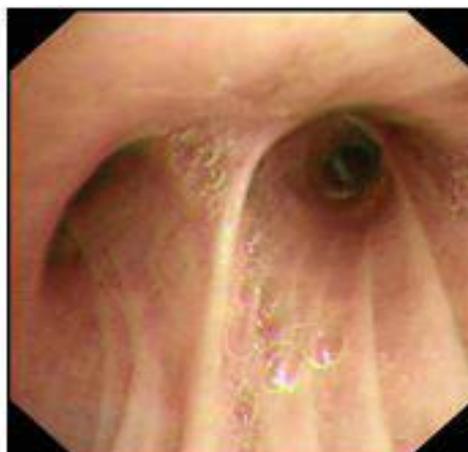
(支气管活检)针尖-粟粒大被覆鳞状上皮之粘膜组织7块,鳞状上皮高度异型增生、癌变,灶性浸润粘膜固有层。



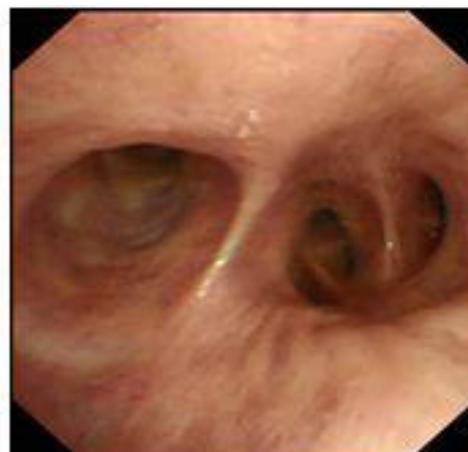




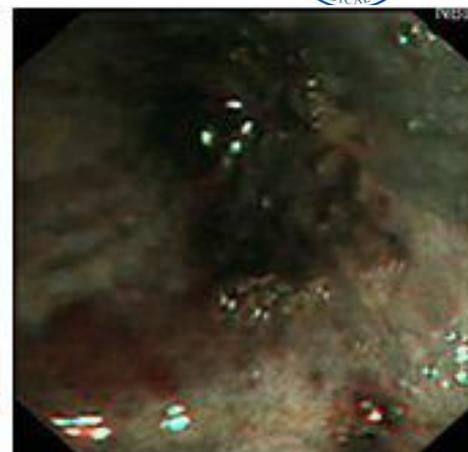
2:隆突



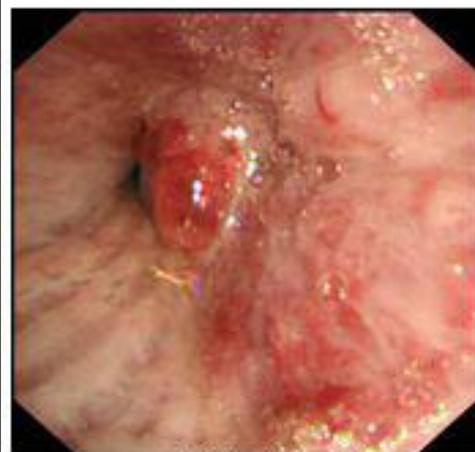
3:右上叶



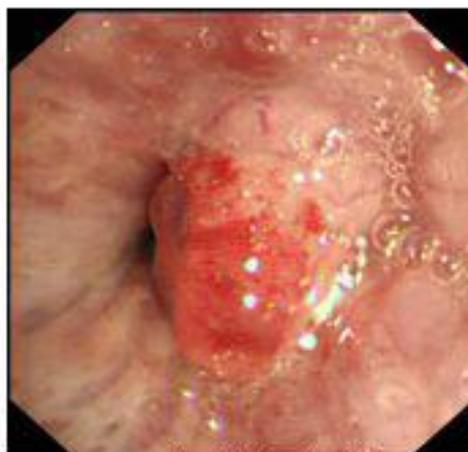
4:右中间段



8:左总支气管



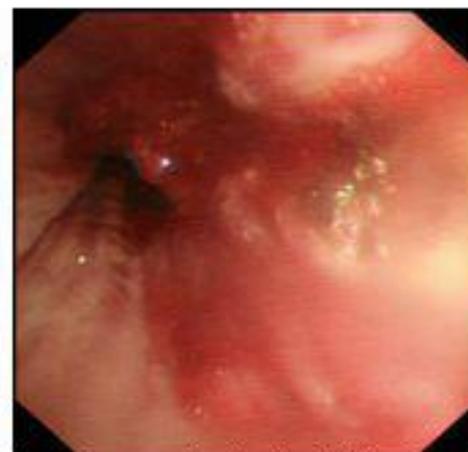
9:左总支气管



10:左总支气管



14:左总支气管



16:左总支气管



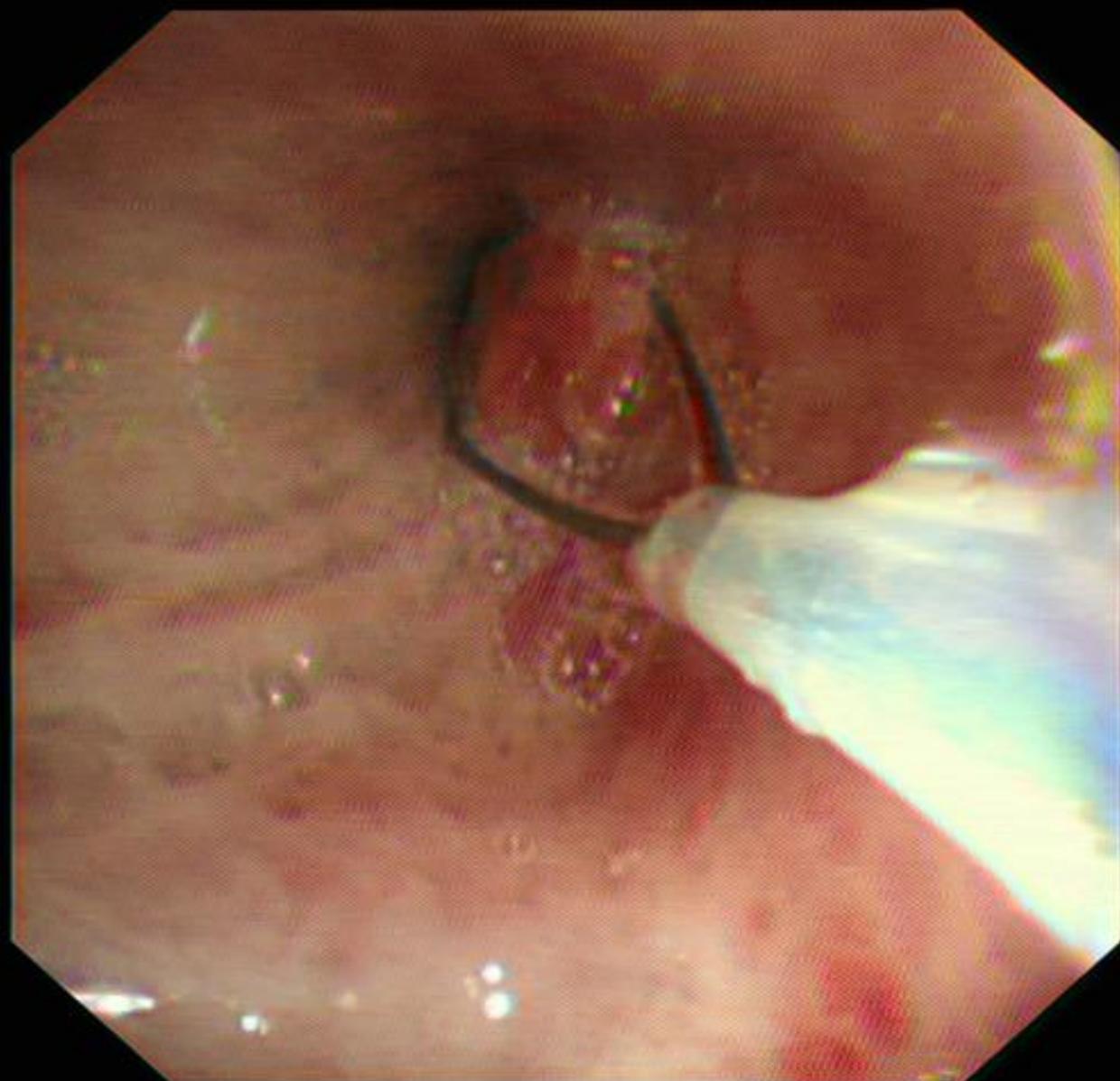
HU
JIUSHI
M 52

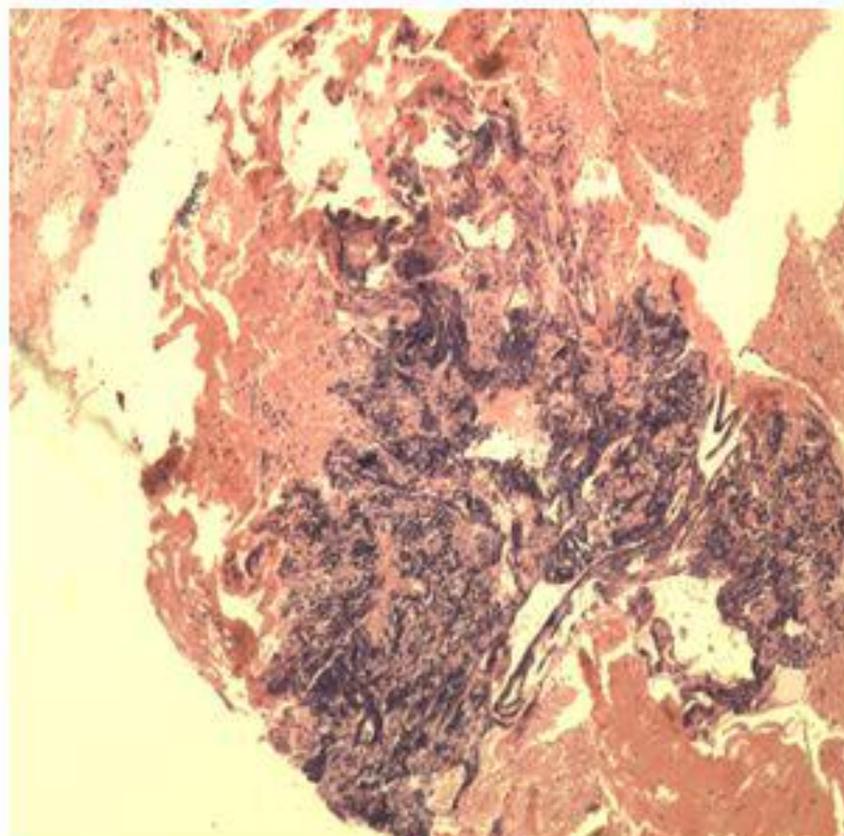
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SCV:4

Ct: N Eh: A 1
Ce: O

ZQZ





0.bmp

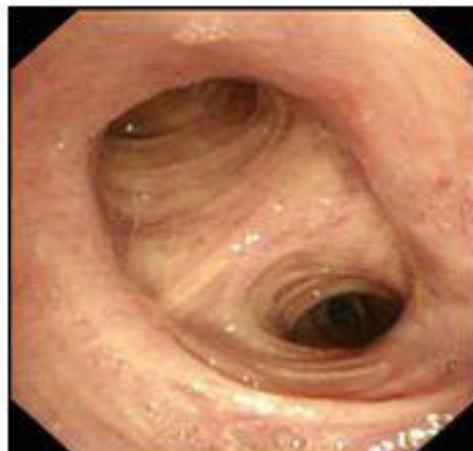
诊断意见:

(肺组织)肺组织及凝血组织4块(粟粒大-直径0.4cm), 其内见深染的细胞巢, 细胞挤压严重, 影响观察, 结合免疫组化结果, 倾向为小细胞癌。免疫组化: CK7-, TTF-1+, P63-, P40-, CK5/6-, KI67约80%+, NapsinA-, CD56+, Syn-, CgA-。





1:隆突



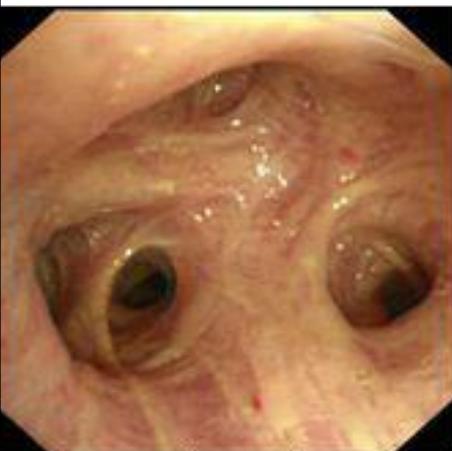
3:左上叶



6:左下叶背段



7:左下叶基底段



8:右上叶



11:右中叶



12:右下叶基底段



13:右下叶背段



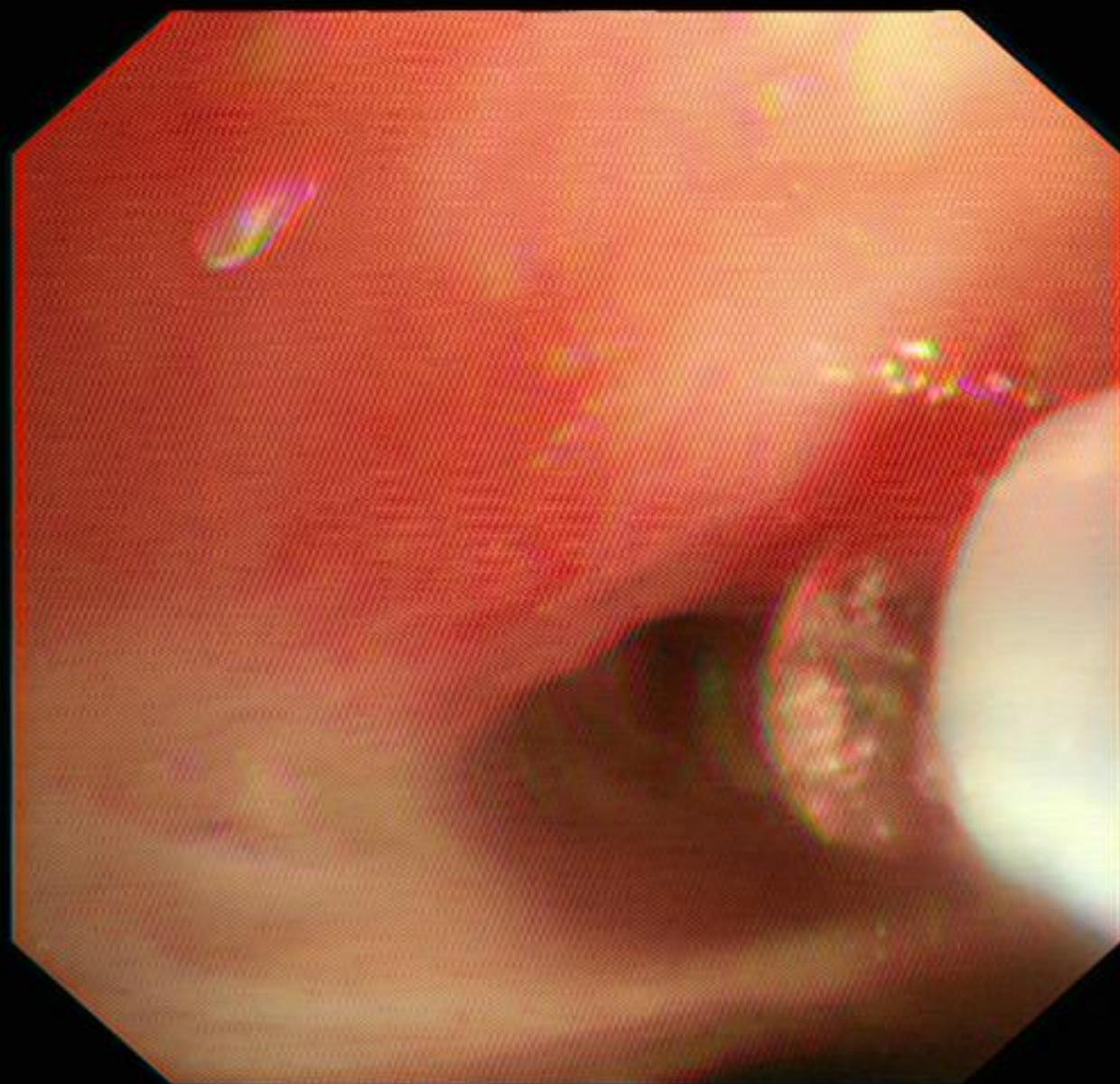
HU
JIUSHI
M 52

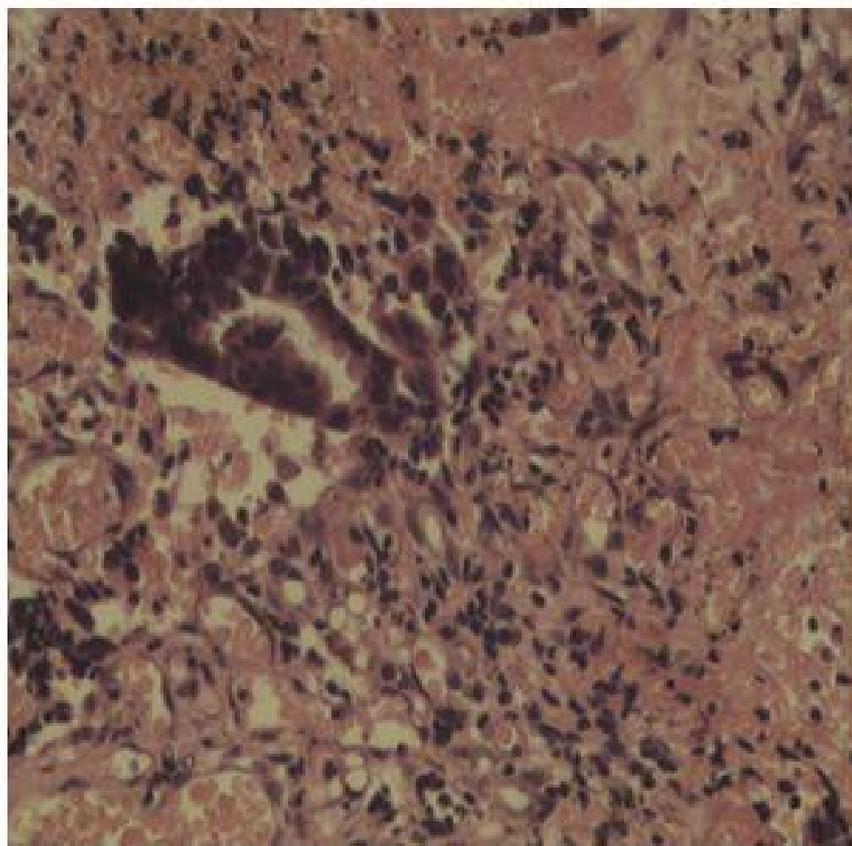
16-06-2016
08:38:29

SCV:4

Ct: N Eh: A 1
Ce: O

ZQZ





0.bmp

诊断意见:

(支气管活检)被覆呼吸上皮之粘膜组织及肉芽组织2块(粟粒大-直径0.5cm),内见少量异型细胞,考虑为恶性肿瘤,待除外小细胞癌。免疫组化:CK7弱+,TTF-1-,P63-,CK5/6-,KI67约60%+,NapsinA-,CD56+,Syn-,CgA-,LCA-。(本例经全科讨论)



内科胸腔镜



适应证

- 经多种无创方法仍不能明确病因的胸腔积液；
- 肺癌或胸膜间皮瘤的分期；
- 对恶性积液或复发性良性胸水患者进行滑石粉胸膜固定治疗；
- 对于自发性气胸中的 I 期和 II 期，局部治疗也是内科胸腔镜的适应证；
- 其它适应证包括需要在膈肌、纵隔和心包进行活检的病例。

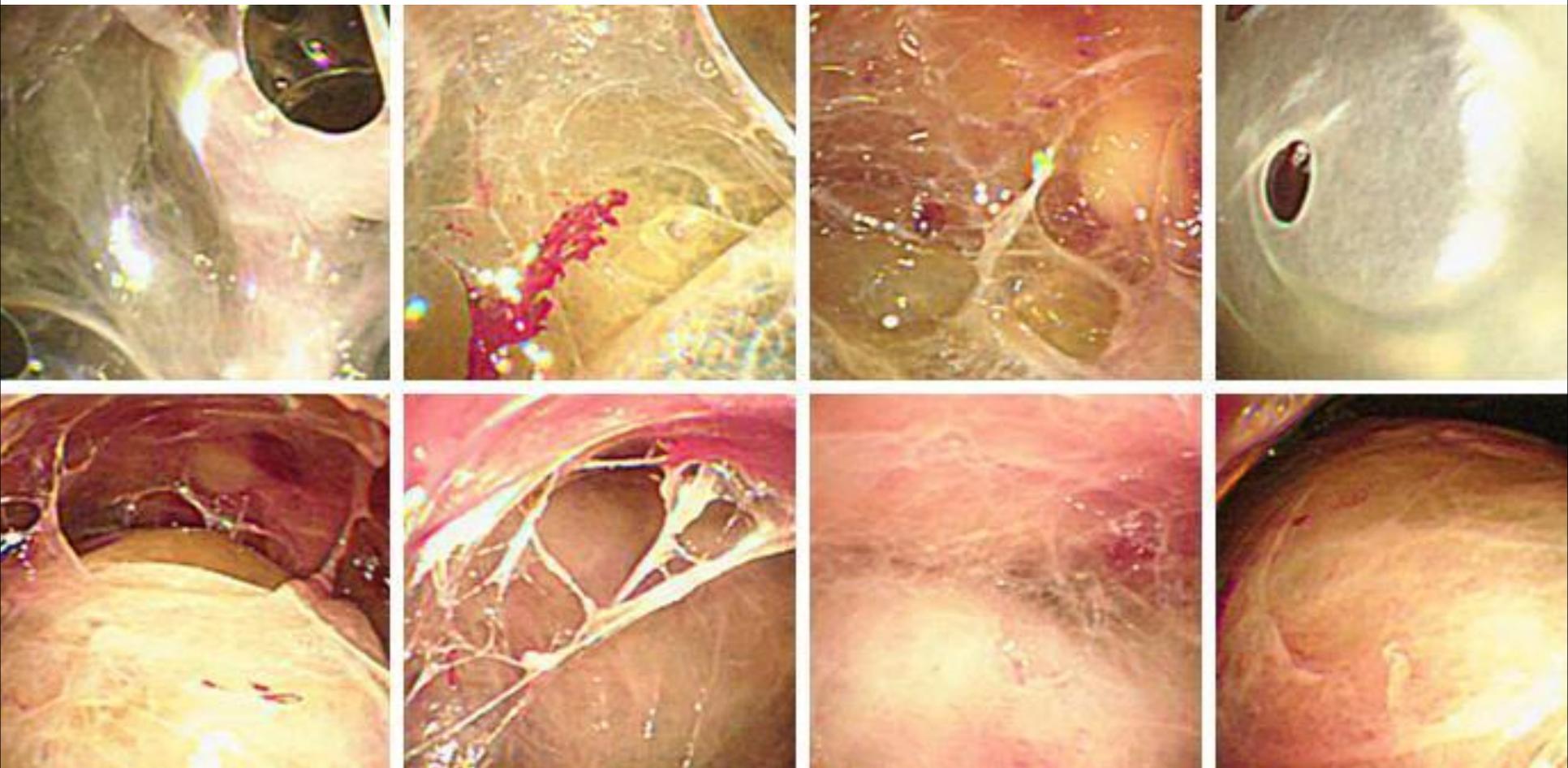


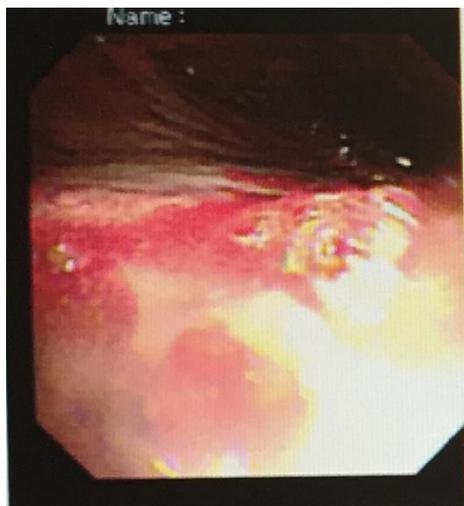
禁忌证

- 出血性疾病，有作者以血小板低于4万为临界值；
- 低氧血症；
- 严重心血管疾病；
- 持续的不能控制的咳嗽；
- 极度虚弱者。

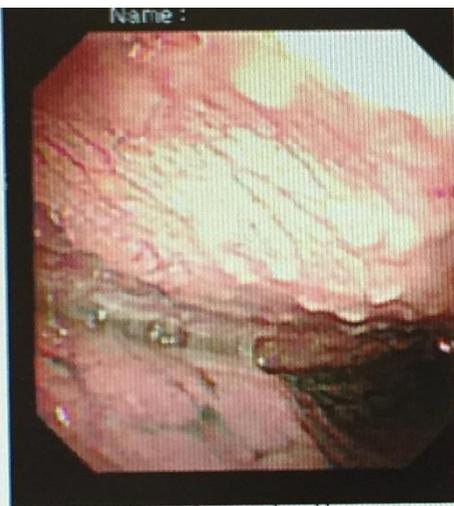








2:脏层胸膜



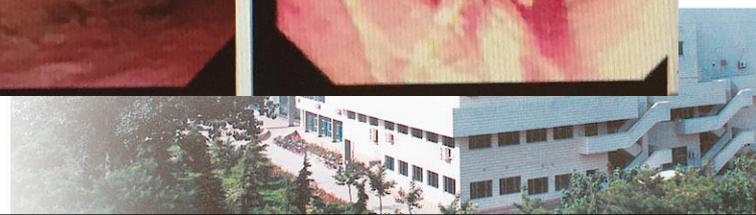
5:壁层胸膜



6:壁层胸膜



7:胸膜粘连





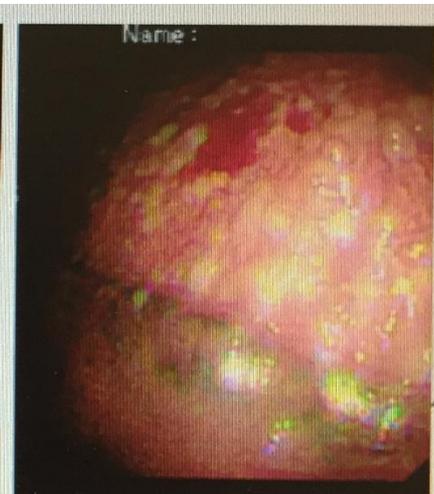
2: 壁层胸膜



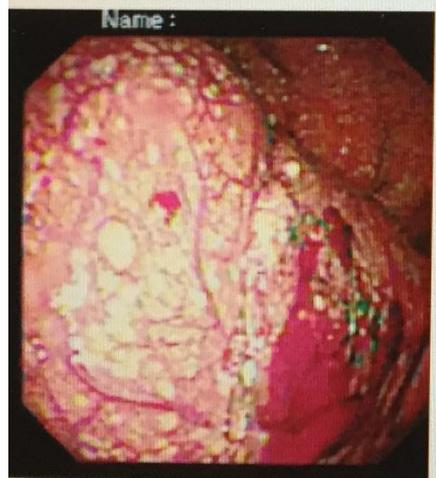
11: 脏层胸膜



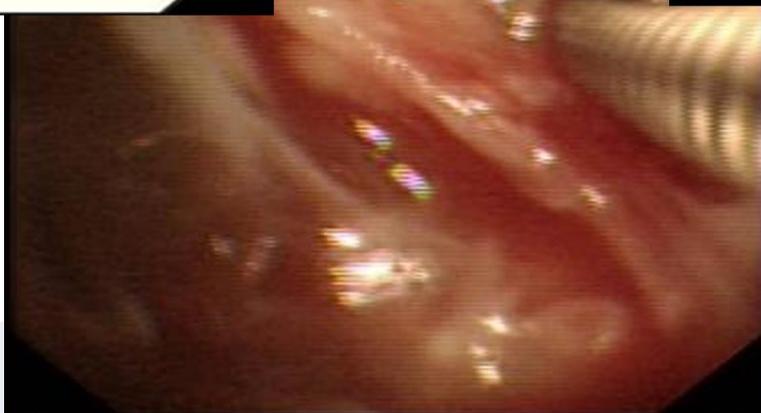
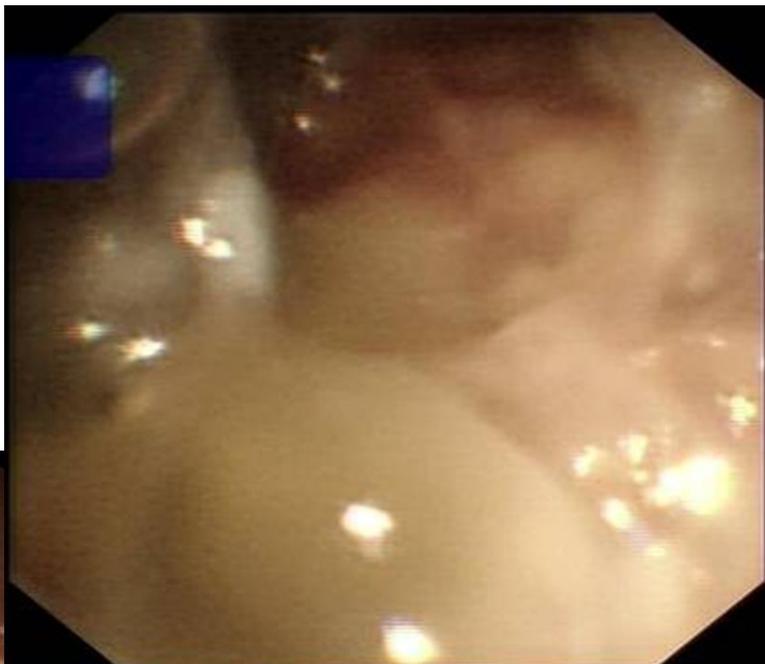
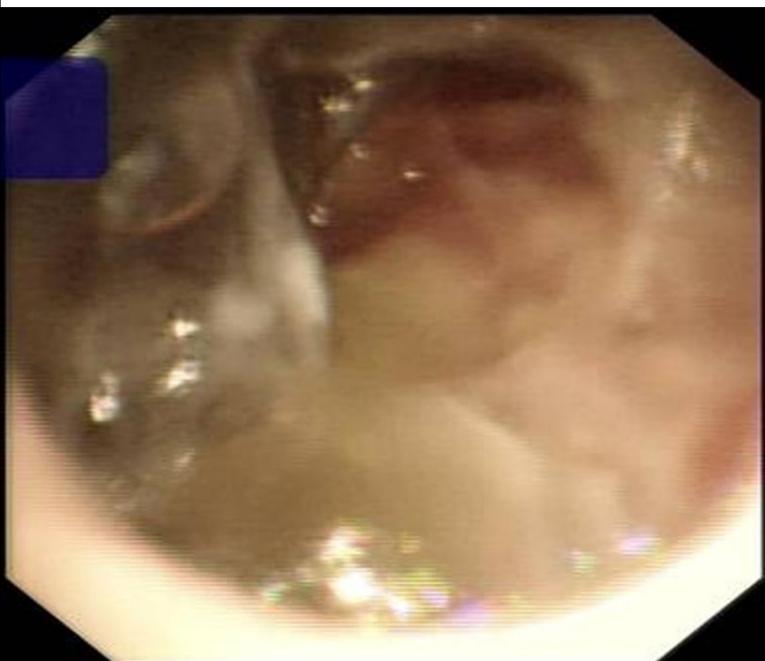
14: 脏层胸膜

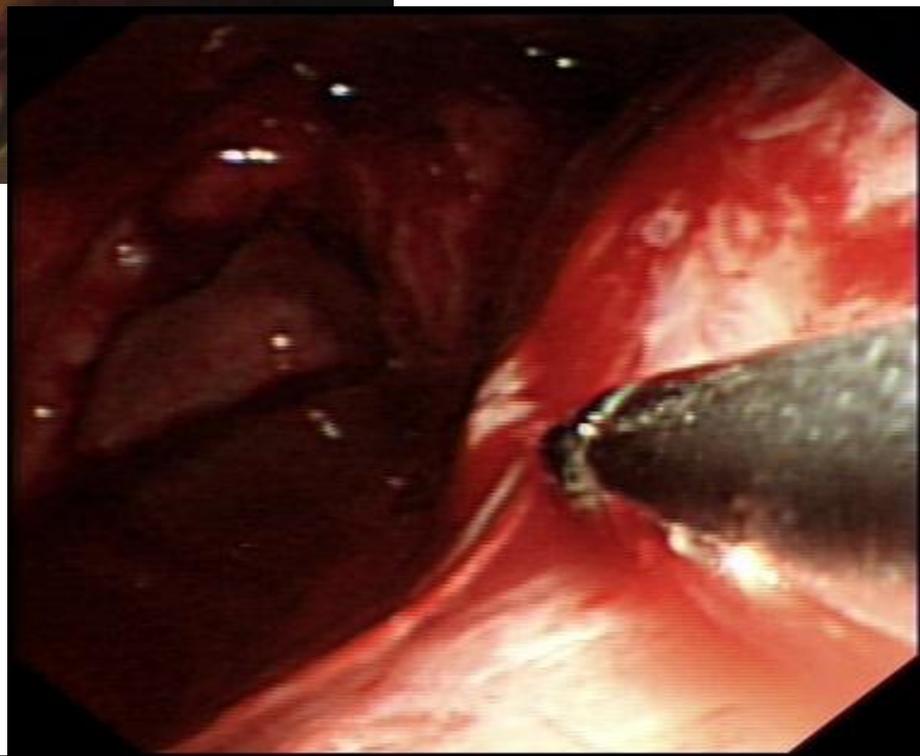
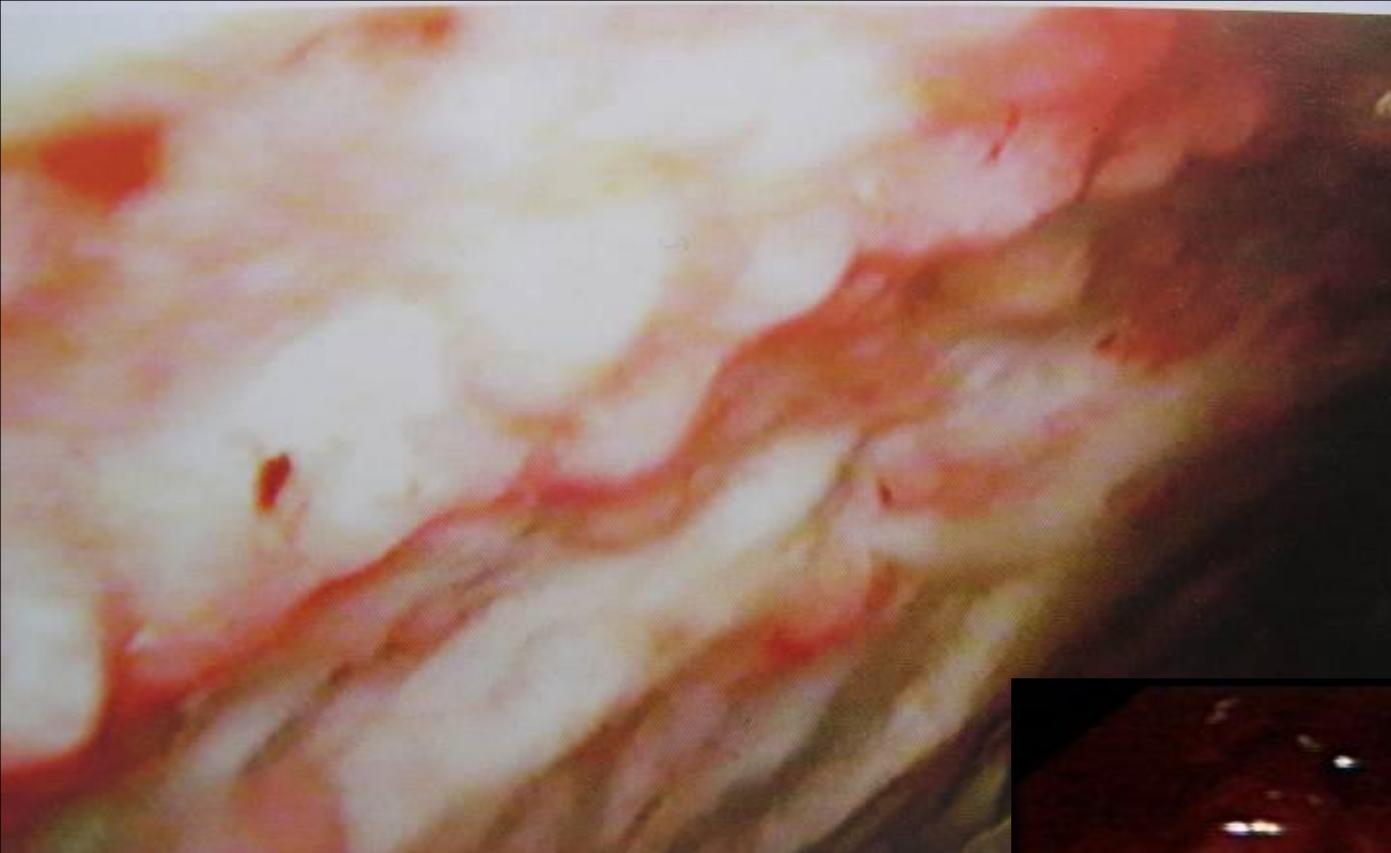


16: 脏层胸膜



脓胸



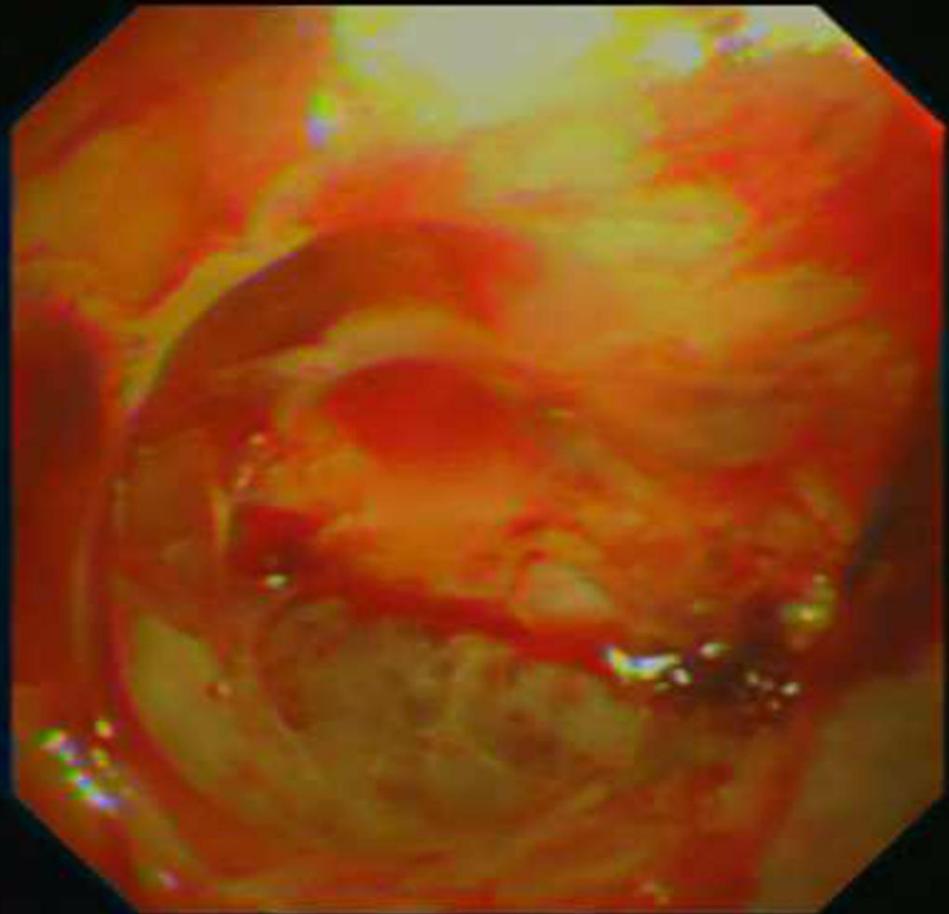


ID No. :
Sex : Age :
D.O.Birth :

Name :

01/01/1998
00:36:27

SCV-----3



Comment :

并发症及其预防

- 内科胸腔镜为一项安全的侵入性检查，其并发症发生率报道不同，为3%~22.6%，但严重并发症少见，已报道的死亡率为0.01-0.6%。



谢谢

